County Borough of Smethwick

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1956

RICHARD J. DODDS, M.B., B.S., D.P.H.
Medical Officer of Health, Chief Welfare Officer, Principal School Medical Officer.

W. L. KAY, F.A.P.H.I., M.R.S.H.
Chief Public Health Inspector.

AMBULANCE RADIO CONTROL ROOM

County Borough of Smethwick

COMMITTEES, 1956-1957

Health Committee:

Chairman: Councillor R. L. Pritchard

Vice-Chairman: Alderman F. W. Perry, J.P.

The Mayor (Coun. W. G. Mason, Esq., J.P.)
Ald. A. Bradford, J.P
Coun. Mrs. M. Richards
Coun. Mrs. F. S. Smith
Coun. Miss J. Collins, J.P.
Coun. Mrs. W. Holland

Co-opted Members for the purpose of Maternity and Child Welfare:

Mrs. G. E. Clout
Mrs. E. Edwards
Miss S. C. Wright (from 21.1.57)
Mrs. E. Stanley
Mrs. W. T. Wiggins (to 6.12.56)

Mental Health Sub-Committee:

All Members of the Health Committee:

Mr. J. M Adair

Chairman: Councillor R. L. Pritchard

Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard

Health and Education Joint Sub-Committee:

Representing Health Committee:

Councillor R. L. Pritchard
Alderman F. W. Perry, J.P.
Councillor Mrs. E. Seager

Representing Education Committee:

Alderman Mrs. E. M. Farley, O.B.E., J.P.
Councillor H. E. Glover
Mr. H. O. Hughes, M.A, B.Sc.

HEALTH DEPARTMENT STAFF:

Medical Officer of Health, Chief Welfare Officer and Principal School Medical Officer:

Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

Margaret E. McLaren, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

Sheila M. Durkin, M.B., Ch.B., D.P.H. (to 31.3.56)
F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H. (from 20.2.56)
Brian Didsbury, M.B., Ch.B., D.P.H. (from 4.4.56)

Chest Physician (part-time):

A. Wilson Russell, M.D., Ch.B., D.P.H.

Obstetrics Officer (part-time):

T. Dougray, M.B., Ch.B., M.R.C.O.G.

Chief Public Health Inspector:

(*abcdef*) William L. Kay, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:

(*abc*) R. G. Evans, M.A.P.H.I.

Public Health Inspectors:

(*abcd*) W. F. Ball, M.A.P.H.I.
(*a*) T. P. Jones (from 11.7.56)
(*abc*) G. O. Wright, M.A.P.H.I.
(*ab*) J. N. Cope, M.A.P.H.I.
(*ab*) A. W. Reeves, M.A.P.H.I. (from 1.8.56)

Pupil Public Health Inspectors:

H. M. Blackshaw (from 13.2.56)
D. G. Hobday (from 8.8.56)

a Public Health Inspector's Certificate of the R.S.H. and S.I.E. Joint Board.
b Meat and Food Inspector's Certificate of the R.S.H.
c Smoke Inspector's Certificate of the R.S.H.
d Certificate in Sanitary Science of R.S.H.
e Liverpol University Meat Inspector's Diploma.
f Liverpool School of Hygiene Smoke Inspector's Certificate.

Administrative Staff:

Chief Administrative Assistant: Alexander D. H. Ridpath

Deputy Chief Administrative Assistant: G. Cree, D.M.A. (from 6.2.56)

W. D. Foden, D.P.A.
Mental Health Officer
R. Woolley
Senior Clerk (to 2.4.56)
S. de. Wit
Senior Clerk (from 5.11.56)
Evelyn M. Roe (nee Smith)
(M.O.H.'s Secretary)
Kathleen L. Whiston
Ida Faulkner
Clarrisa L. Beddows
Megan I. Cooper
Olivia M. Duberley
Patricia M. Hall
Barbara Morris
Olive J. Salmon
Rita L. Stanton
Mary L. Whitehouse

F. A. Collett, Welfare Officer
June M. Brotherton
(to 17.11.56)
Welfare Assistant
Frances K. Callard
(i/c M.C.W. Section)
Doris C. Tipping
(i/c School Section)
Lilian Gregory
(C.P.H.I.'s Secretary)
M. H. Critchley
Daphne F. Dyke
Jean Hawkes (to 29.2.56)
Monica G. Parkes
J. Smallwood (H.M.F.)
A. H. Wheatcroft
Margaret Wise

Nursing Staff:

Superintendent Nursing Officer:
Miss M. Wainwright, S.R.N., S.C.M., H.V. Cert.

Health Visitors:

Miss M. Adams
S.R.N., S.C.M., H.V. Cert.
Miss K. E. C. Biggs
S.R.N., S.C.M., H.V. Cert.
Mrs. D. Grainger
S.R.N., S.C.M., H.V. Cert.
Miss D. Hunt
S.R.N., S.C.M., H.V. Cert.
Miss M. P. O'Keefe
S.R.N., S.C.M., H.V. Cert.
Miss M. E. Tench
S.R.N., S.C.M., H.V. Cert.
(from 25.6.56)

Miss M. B. Alderton
S.R.N., S.C.M., H.V. Cert.
Miss E. L. Farmer
S.R.N., S.C.M., H.V. Cert.
Mrs. H. M. Hoy
S.R.N., S.C.M., H.V. Cert.
Mrs. M. Morle
S.R.N., S.C.M., H.V. Cert.
(to 29.2.56)
Mrs. V. I. Owen (nee Jones)
S.R.C.N., S.C.M., H.V. Cert.
(to 1.12.56)

Student Health Visitors:

Miss M. E. Tench, S.R.N., S.C.M. (to 24.6.56)
Miss E. M. Williams, S.R.N., S.C.M. (from 3.9.56)

Clinic Nurses:

Mrs. G. M. Littler, S.R.N.
Mrs. H. M. Warner, S.E.A.N.
Miss E. M. Williams, S.R.N., S.C.M. (from 2.1.56 to 2.9.56)

The work of these Health Visitors and Nurses is divided between the Health and Education Committees.

Municipal Midwives:

Miss D. Bannister, S.R.N., S.C.M.
Miss E. L. Finn, S.R.N., S.C.M.
Mrs. M. S. Fletcher, S.R.N., S.C.M.
Mrs. D. G. Hepburn, S.C.M.
Miss A. Clancy S.R.N., S.C.M. (from 1.7.56)
Mrs. A. Grosvenor S.R.N., S.C.M.
Miss M. A. King, S.R.N., S.C.M.

Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V. Cert.

Mrs. O. L. Andrews, S.R.N.
Mrs. J. R. Bridle, S.R.N., S.C.M.
Mrs. D. A. Gillott, S.R.N. (from 1.1.56 to 31.10.56)
Mrs. A. H. V. Mackenzie, S.R.N.
Mrs. F. R. Snow, S.E.A.N. (from 1.11.56)
Mrs. M. L. Bevan, S.E.A.N. (from 2.1.56)
Miss F. M. Hawkins, S.R.N.
Mrs. M. A. H. Jones, S.E.A.N.
Mrs. M. Slater, S.R.N.
Mrs. E. B. Weaver, S.E.A.N.
Mrs. M. A. Worrall, S.R.N.

Chiropodists:

Miss A. M. Dobson, M.Ch.S.
J. Beaumont, M.Ch.S.

Matron, "The Hollies" ... ... Miss C. J. Lane, S.R.N., S.C.M. (from 1.4.56)

Matron, Norman Road Day Nursery Mrs. I. M. Jones, Cert. N.N.E.B.

Matron, "Hill Crest" ... ... Miss D. Moncaster, S.R.N. (to 3.8.56)

Matron, Park Hill ... ... Miss C. C. Bruxby

Supervisor, Occupation Centre... Mrs. P. E. Fowkes

Ambulance Officer: A. F. Beacon

Assistant Ambulance Officer: C. R. Twycross

Public Analyst: L. F. C. D. Chalmers, M.A., B.Sc., F.I.C.

County Borough of Smethwick

PUBLIC HEALTH DEPARTMENT,
COUNCIL HOUSE,
SMETHWICK, 40.

To the Mayor, Aldermen and Councillors for the County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my second Annual Report as Medical Officer of Health and Chief Welfare Officer to the County Borough of Smethwick. The Report, which largely follows the pattern established in previous years, has been drafted to meet the requirements of Ministry of Health Circular 19/56. A new address appears at the head of this introductory letter, though the whole of the year on which the Report is based was spent in the gaunt and windswept eminence known as "The Uplands," to which the department moved—temporarily I believe—so many years ago. At the end of 1956 a new block of offices destined to house the Health Department was nearing completion and no doubt the actual removal operation will be mentioned in the next Report.

"The year without any sunshine"—is the way that many of us may remember 1956. In spite of this I am happy to say that it was an excellent year for the health of our Borough. The birth-rate recovered a little after a decade of gradual decline at the end of which it touched its lowest point ever in 1955. Fewer people died, the death-rate being the second lowest ever recorded, and in particular fewer babies died in the first month and first year of life. The Infant Mortality at 20.53 per 1,000 live births established a new low record; only in one year before 1946 did fewer than 50 infants die for every 1,000 born alive. Thus the wastage of young life has been reduced by more than a half in the space of 10 years. Less than half the number of children were still-born than was the case last year. The only shadow in this cheerful picture was a sharp rise in the number of deaths from ulceration of the stomach, a reflection of the stresses and anxieties of modern life, and a further annual rise in that man-made disease, cancer of the lung. Major epidemic diseases were all at a new low ebb, though an increase in venereal disease is the subject of comment later. There was very little influenza. All these pointers to the better health of the community occurred in a year of grey skies and rain. Can it be

that the British people thrive under the most unfavourable climatic conditions? Are we at our best when we bow our heads not to the conquerer but to the driving rain or to the inevitable howling draught? Perhaps the fact that we always agree about the weather has a potent unifying influence on our island race. We agree with the first person we meet that it is cooler this morning yet within a few yards we find ourselves echoing with equal conviction that it is much warmer than yesterday. I can, however, never be made to agree with the popular superstition that a single mild day in autumn, winter or spring constitutes "unhealthy weather!"

CARE OF MOTHERS AND INFANTS

Increasing attention has been paid in recent years to the further reduction of the mortality associated with childbearing and to its elimination insofar as this is humanly possible. The Ministry of Health issued a Circular during the year drawing attention particularly to the group of medical disorders affecting expectant mothers which are known collectively as toxaemia of pregnancy. It was pointed out that these conditions constituted the major remaining avoidable cause of maternal mortality. Medical meetings were held throughout the country at which obstetricians, general practitioners and public health medical staff discussed the problem and the various ways in which progress could be made. It was generally agreed that more detailed ante-natal care, and earlier treatment of expectant mothers showing symptoms and signs of toxaemia were the two most hopeful lines along which progress could be made. Greater co-ordination of ante-natal care seemed in addition to be an essential prerequisite before more detailed supervision of all expectant mothers could be ensured. The tripartite and higgledy-piggledy state of the midwifery arrangements under the National Health Service was the subject of much comment; I regret to say that during the year no major changes to rationalise the position have taken place in this country. The findings of the Cranbrook Committee are presumably being awaited. However, in any scheme for the rationalisation of ante-natal care it is important that the district midwife is not organised out of this field, for as last year the great majority (81 per cent) of the babies born at home in Smethwick were delivered by the midwife though the family doctor was on call in all but two instances in case of emergencies; in addition in a number of these cases the doctor attended in the course of labour even though he was not present at the time of delivery. As long as the midwife delivers the baby she must have a hand in the ante-natal care.

Out of 1,037 births during the year 645 mothers were delivered in hospitals and nursing homes and 392 in their own homes; this proportion of hospital confinement approximates to the national average. As is indicated in the body of the report there is a considerable pressure on maternity beds in the Birmingham area, and the Health Department is able to do much to assist the obstetrician in ensuring that hospital beds are used to the best advantage. It is a pity therefore that only one maternity hospital serving Smethwick regularly asks for our assistance in separating the claims for maternity beds from patients who would prefer to have their babies in hospital but have adequate facilities for home confinement from those who have no such facilities at home.

During the last few years much evidence has accumulated that the baby born at home stands a better chance of avoiding the many troublesome bacterial infections of the newborn. This is especially important now that an increasing proportion of the common skin infection micro organisms found in hospitals are insensitive to the original and most useful antibiotic—penicillin. Only the other day I saw a letter from a resident house officer in a hospital who stated that a patient (who had been treated surgically for a not-at-all serious complaint) had made "a good recovery on penicillin and streptomycin." This is blunderbuss treatment with a vengeance. Ten years ago the patient would have made an equally good recovery on surgery aided by penicillin, fifteen years ago on surgery plus a few sulphonamide tablets, while twenty years ago he would probably have done as well on surgery alone—though his convalescence might have been more prolonged. As a result of this ham handed treatment all the nice law abiding staphylococci which used to cause a little bother now again in the surgical wards have been killed off by the indiscriminate and almost routine use of the powerful new antibiotics. In their place Mother Nature has restored the balance by allowing various spartan breeds of organisms and fungi (formerly smothered by their law abiding brothers) to flourish and indeed cause a good deal of trouble which should not have occurred.

Moral:—Have your baby at home unless there is a medical reason to the contrary!

CONVALESCENT CARE

Most Local Health Authorities have in their Care and After-Care Schemes under Section 28 of the National Health Service Act, 1946, a Section which authorises the provision of Convalescent

Home care for persons resident in their areas. The care provided by Local Health Authorities in this connection has become known as "recuperative" convalescence to differentiate it from that provided by the Regional Hospital Boards, which involves a continuation of the patients' treatment. Both forms of convalescent treatment can be described as forming part of the National Health Service. The dividing line between these two kinds of care is usually taken to be whether or not the patient requires any treatment, if so the Hospital Management Committee pays for the cost and if not the Local Health Authority is responsible. This division of patients is not always easy to make and many cases have to be decided on their merits—for example a diabetic is not generally barred from receiving recuperative convalescence merely because he has to inject himself with insulin; similarly patients who regularly take medicines or tablets for which they can be responsible are generally accepted as proper charges to the Local Health Authority.

The conditions under which Local Health Authorities authorise recuperative convalescence naturally vary. In many but not all cases the patient is assessed according to his ability to pay for Convalescent Home charges, and in some instances the rail fare as well. It should also be said that some Authorities as a matter of policy will only accept recommendations in regard to convalescent care from a Hospital Consultant—though in practice this may be a recommendation from a more junior Hospital Medical Officer, or from an Almoner. Other Authorities, Smethwick included, accept the general practitioner's recommendation. The actual clerical work involved in these arrangements is carried out by the Public Health Department concerned, or by the Hospital acting on behalf of the Local Health Authority. It is understood that the Local Authority Associations have been reluctant to suggest any uniform practice for the guidance of Local Authorities in these matters though there may well be a case for a degree of standardization of the financial arrangements involved. Clearly, however, the adoption of any such standardized code of practice would involve widespread amendment to Section 28 Schemes.

Since the "Appointed Day" the demands on the Local Health Authorities for recuperative convalescence have increased steadily and this new financial burden has, in fact, been the subject of some comment. Although no comparative statistics are readily available it is certain that a very substantial proportion of the number of patients who are sent to Convalescent Homes have financial backing from Local Health Authorities. It is probably not the usual practice for Hospital Management Committees and

Local Health Authorities to send their patients to the same Homes —mainly because Homes offering recuperative convalescence only are likely to be too lightly staffed to provide any treatment. Nevertheless in some instances patients sent by both types of Authority are cared for side by side in the same Homes. In these cases the fact that one patient enjoying recuperative convalescence has had to pay part or all his expenses while his neighbour who is receiving some treatment in addition is having to pay nothing at all, is bound to cause comment and event discontent.

During the year it became apparent that a few patients were turning down offers of recuperative convalescence as they felt themselves unable to pay their travelling expenses and a share of the convalescent home charges after a proper and sympathetic assessment of their means. After examining the question the Committee decided to include the rail or 'bus fare to and from the home in the total amount subjected to assessment. It is now hoped that no genuine and needy case will for financial reasons be deterred from accepting the chance of recuperative convalescence. The word "genuine" is used here because unfortunately instances come to notice from time to time of convalescence being looked upon as a cheap holiday which though undoubtedly of benefit cannot wholly be justified on medical grounds.

POLIO HEADLINES

Poliomyelitis, like sex, is always news. On the one hand the community is prepared to accept the appalling fatalities resulting from accidents in the home and on the road without turning a hair, and is even ready to laugh off the inexorable increase in the number of deaths from lung cancer. On the other hand, the occurrence of a few cases of suspected poliomyelitis in a district causes something like panic to develop closely akin to the feeling the parents would have for the safety of their children if a sex maniac was known to be at large in the neighbourhood. This is partly because both these subjects make headlines, which in turn make for alarm. To restore a sense of proportion it cannot be reiterated too often that only a minority of people who suffer from an infection with the poliovirus realise it, and in only a small minority of cases is any serious and permanent muscle weakness left. If every case of infection with the poliovirus were reported in the newspapers, an acute shortage of newsprint would develop and nobody would bother to read the columns of names anyway. Attention is, however, focussed too strongly on the few bad cases and the dangers of the disease inevitably are magnified. If, in the same way, nothing was printed

about marriage except the reports of proceedings in the divorce courts one would take a jaundiced view of the whole affair, and in all probability would be tempted to follow Mr. Punch's advice to those about to marry.

Nevertheless, the year 1956 was something of a landmark in the history of the control of infectious diseases for it marked the introduction of the first British vaccine against poliomyelitis. The product is a modification of the American Salk vaccine which has now been used on a very wide scale. The British vaccine was unexpectedly and even abruptly released for a nation-wide controlled trial—though for some reason the powers that be were very chary about telling the public that it was a trial. The conditions under which the vaccine was available were drawn up by the Medical Research Council—for absolute uniformity registrations were invited only in respect of children born in 1947-1954 inclusive. We were then allowed to vaccinate registered children born in certain months of those years, and the incidence of poliomyelitis in the vaccinated children was compared with that of the registered but unvaccinated—or "control" children. Owing to the small incidence of poliomyelitis during 1956 the Medical Research Council report on the efficiency of the British vaccine did not appear until 1957. The initial registration of Smethwick children was low, possibly this was partly due to the fact that it was decided not to issue invitation forms to parents through the schools—for reasons which are mentioned in my report as Principal School Medical Officer. During the year a small number of children were vaccinated in the spring and larger supplies were promised for the autumn. These, however, did not materialise mainly due to the great technical difficulties in the production of the vaccine and in particular to the rigorous safety tests which each batch underwent.

Vaccination is by two injections, a period of not less than three weeks separating each, immunity being expected to develop two to three months after the first dose was given. It is therefore pointless to step up vaccination (if this is possible) at the height of an epidemic as this may serve to increase rather than diminish the immediate danger to the population.

MAN-MADE CANCER

The hydrogen bomb is widely accepted as a major threat to civilization even though it hasn't, as far as I am aware, killed anyone yet; cancer of the lung which is also made by man kills many thousands each year. In England and Wales alone the number of deaths from this cause increases by about a thousand

each year. The association between heavy cigarette smoking over many years and cancer of the lung has now been established beyond all reasonable doubt. One wonders how many more people will have to die from this cause before tobacco addicts will allow themselves to be convinced that this is a matter of lethal importance to this generation. The life-long heavy cigarette smoker may decide (incorrectly) that it's too late to stop now, that he's had his "cancer ration" and that if he was going to develop the condition he'd have done so years ago. The assumptions in this line of reasoning are unwarranted, but after all it's himself that he may be killing, and he has been warned. The chief danger is that every adult smoker is, in effect, setting a bad example to the growing generation who may be excused for equating smoking with the adult status—to smoke is to be grown-up, so why worry?

School teachers tell me that some parents not only allow their teen-aged boys and girls to smoke, but appear to encourage it, so anxious do they seem to be to avoid forbidding it outright. "He is old enough to decide for himself" they say. He is not, of course, and such attempts at self-justification are the essence of folly.

HOME CARE OF THE AGED

All the departmental home care agencies continued to operate smoothly throughout the year, though the increasing amount of work done by the home help service during the last few years has made it progressively clearer that the supervision of the home helps will have to be separated from that of the home nurses if the development of both services is to continue efficiently to meet the growing demands from the community.

During the year, field officers of the Department kept up their efforts to ensure as far as possible that all old and handicapped people in the borough had the chance of benefiting from the various domiciliary services provided by the Public Health Department. In this way the old are helped to live in relative comfort in familiar surroundings for as long as possible, thus saving valuable places in old people's homes and chronic sick hospitals. In view of the continuing shortage of chronic sick beds in this area, it is obviously of material assistance to the hospital authorities if the admission of even a small number of potential patients of this kind is delayed by a few months per patient. It must not be forgotten, however, that an excessive concentration of Local Health Authority domiciliary services is not invariably cheaper than the cost of the place which is being saved in an institution of one sort or another.

If a home help has to devote half or more of her time to looking after a single needy case, if the home nurse is calling twice a day, if in addition the welfare officers and health visitors are having to call frequently to make sure, for example, that the old person has food in the house and is eating sufficient of it; then the time has been reached when serious consideration must be given to the possibility of a residential vacancy being provided. It should be clear that health and welfare departments are not staffed on a scale to permit such a diversion of officer's time indefinitely for the purpose of looking after one person at the expense of their other equally essential work.

It is often the case that old or handicapped people who come to be in such dire need are of an independent turn of mind and have kept themselves to themselves for half a lifetime. They may have fallen foul of the neighbours because of their increasingly cantankerous ways or perhaps because they have been thought to be standoffish. When infirmity makes help imperative the old people find to their cost that the neighbours and friends whom they once shunned are now in their turn keeping themselves aloof. It may therefore come about that these good souls who in their prime kept themselves spotless—how often one hears that phrase—become more and more neglectful. The worse their living conditions become the more reluctant are they often to leave them—perhaps because they are deeply ashamed of the uncleanliness which they no longer have the power to mitigate. In such circumstances the neighbours —to ease their consciences, no doubt—and even public officials, quickly look towards the Medical Officer of Health to exercise his power to initiate the compulsory removal of the old person to a suitable hospital or an old people's home. It is, however, only with the greatest reluctance that I contemplate compulsion of any sort in these circumstances, as in my view compulsion should only be used as a last resort when all else has been tried without success. I am happy to draw attention to the fact that these compulsory powers under Section 47 of the National Assistance Act were not, in fact, used during 1956.

TOWARDS MENTAL HEALTH

The anxieties and stresses caused by housing shortages, falling money values and other factors in modern life are too well known to need emphasis. It is not surprising therefore that many forward-looking citizens are increasingly concerned with the mental ill-health of the people in this country—and elsewhere. The 19th century menaces to the health of the community in the shape of

cholera, typhus and enteric fevers have been mastered in this country by the application of epidemiological principles and the establishment of sound sanitary services. Epidemic diphtheria is kept at bay by the continued success of the infant immunisation programme; tuberculosis is no longer the killer of former years and there is every indication that it is gradually being brought under control. In spite of these favourable influences, all is far from well. The banishment of so many physical diseases has left something of a void which has in many cases been filled with anxiety and frustration rather than contentment and happiness. There are obvious yardsticks for the measurement of this community malaise or mental dis-ease. Not only are the number of nervous breakdowns and admissions to mental hospitals significant but also other factors, such as the number of broken marriages, of suicides, and of juvenile court cases must be considered. Even the epidemic of those comical clothes props called Teddy boys can be regarded as a symptom that all is not as it should be.

In recent years the medical profession has become increasingly aware of the close linkage between mental states of mind and physical illness. Diseases in which this linkage is thought to be a causal factor are referred to as psychosomatic, and their number is being added to every year. For example, it should now be recognised that the successful treatment of a duodenal ulcer must involve a soothing diet for the mind as well as for the body. Even people who are inclined to dismiss psychiatrists as loquacious jargon-mongers are bound to admit that many of our mental re-actions and everyday attitudes of mind have their roots in childhood—which is indeed a sobering thought for parents. The antenatal and infant welfare clinics are in fact becoming more and more concerned with problems of mental ill-health and their alleviation. A sympathetic doctor or nurse who is willing to listen without fidgetting to the mother's worries and then to give reasoned advice may be instrumental in preventing everyday anxieties from coalescing into a fixed and neurotic attitude of mind. It must be said that general practitioners are often too busy (or are invariably thought to be by such patients) to devote sufficient time to the fairly lengthy consultation necessary if fears are to be thoroughly dispelled and lasting benefit attained.

On first coming to Smethwick in 1955, I was concerned about the staffing position in the mental health section of the department. This section consisted of a three-quarter-time Duly Authorised Officer whose services were shared with a neighbouring authority,

plus a limited amount of part-time help by health visitors for the supervision of female mental defectives and from another officer with emergency calls out of office hours. This standard of staffing was obviously inadequate to meet present requirements, let alone to allow for any much-needed expansion of the after-care service. Unfortunately it did not prove possible when the matter was discussed, to improve the position during the year, though the Duly Authorised Officer was relieved of his absurd title and re-designated "Mental Health Officer," which might be regarded as a token step in the right direction. As the Report of the Royal Commission on Mental Illness is expected to be published in 1957, I shall return to the matter again in my next Report.

I am particularly happy to record the opening of psychiatric out-patient facilities for Smethwick patients in our Firs Clinic on 25.7.56. The sessions, numbering three a fortnight, are staffed from Highcroft Hospital, under the direction of Dr. Ian Macdonald, the Medical Superintendent; Dr. Jacoby, a member of his staff, usually attends the Firs Sessions to which patients are referred by their general practitioners. This move was foreshadowed in my last Annual Report, and it has been rendered possible by Dr. Macdonald's ready co-operation and forward-looking attitude. The sessions have already proved their worth, and many out-patients have been saved the long and tedious journey to Erdington, where the hospital's other out-patient clinics are held.

HEALTH EDUCATION

There has been increased activity in this important field during the year. Under the direction of the Superintendent Nursing Officer the Health Visitors have given a planned programme of talks to groups of mothers in the clinics as well as to women's organisations in the town. Considerable use has been made of the film strip projector which is easily handled and is very useful to show a series of still pictures—often in colour—to illustrate the subject of the talk.

In spite of all this good work one is sometimes tempted to wonder how much health education and indeed other advice is, in fact, acted upon. Does the mother having heard and seen of the dangers of projecting pan-handles, overhanging tablecloths and baby baths containing boiling water prior to cooling, go home and unthinkingly do the very things she has been advised against—just out of force of habit! Do patients drink to the last drop the bottles of medicine they insist on having from their doctors? In the same way the schoolboy who has heard something of a balanced diet at

school—of proteins, fats, carbohydrates and vitamins may lose no time on leaving school in buying a bottle of pop and perhaps a so-called cream cake whenever he has a chance. The progressive course of physical education and games given in school should ensure that the adolescent girl goes out into the world with good firm muscles, yet how often she succumbs to the pressure of advertising in cheap women's magazines and buys herself a corset —not quite the fully-rigged windjammer of her grandmother's day it is true—but nevertheless a belt designed to replace the function of her healthy young abdominal muscles. These muscles naturally become thin and flabby as they have less work to do, and are replaced by fat. Our teenager then finds she can't do without her belt—which she shouldn't have needed at all, until the physiological changes of pregnancy become her lot in later years.

As for footwear, young women, for the use of—this merits a special section on its own—perhaps next year! It is worth, however, a final thought—casual shoes cause foot casualties!

HOUSING AND TUBERCULOSIS

These two subjects were dealt with at some length in the introductory letter to my last Annual Report and are, therefore, mentioned only briefly here. I am anxious, however, that the brevity of this section should not be taken to mean that housing and tuberculosis are subjects of little importance in the field of public health. On the contrary, it must be said that the shortage of housing accommodation remains a major limiting factor in the mental and physical health of the community. Tuberculosis continues to recede somewhat from its former unenviable position as a principal public health menace. I am particularly pleased to note from Dr. A. Wilson Russell's interesting report the reduction in the number of sputum positive cases in the community from 53 to 43. Dr. Russell's remarks on the provision of hospital beds for Smethwick patients with tuberculosis deserves close attention, based as they are on many years' experience of treatment of the disease in this locality.

GRAMMAR SCHOOL TO TOWN HALL?

During the last two years we have had recurring difficulty in filling the more senior administrative and clerical posts in the Department. This, of course, is quite apart from the chronic and serious shortage of technical staff—health visitors and public health inspectors. Vacancies have had to be re-advertised almost as a routine before suitably qualified or experienced officers have been

appointed—it is seldom possible to obtain both qualifications and the right experience for these posts in this area.

Clearly local government service does not hold the same attractions for the grammar school leaver as it did before the war. The national salary scales in operation are obviously a major factor —they are not sufficiently attractive to stand up to competition with industry and commerce in a major urban area. As the salary inducement is lacking it behoves Local Health and Welfare Authorities in industrial areas to lay emphasis on the fact that local government provides paid training for a worthwhile career. After all, a small initial salary should be perfectly acceptable if free in-service training is given to fit the boy or girl for an interesting and quasi-professional career in the social services, provided that there is a prospect of reasonably attractive remuneration on qualification. The training scheme for public health inspectors (at present under review) providing as it does a system of paid pupilage leading on, once examinations have been passed, to an interesting career should serve as a model for other sections of the Public Health Departments.

There is, for example, a great and urgent need for a recognised in-service training scheme in the rapidly expanding field of mental health. Here great care would have to be taken in the choice of candidates for it is vital to choose the man or woman with a stable and mature personality. Entry into such training might be confined to local government officers of five or more years standing who are aged 25 or over. A three years' course--the last six months being full-time study leading to a recognised Diploma—would provide the necessary background, while experience as a student Mental Health Officer during office hours say four days a week during the first two-and-a-half years would be invaluable. The period of full-time study should be equally divided between theory and practice taken in a University Centre and a Mental Hospital.

Similarly in the field of Welfare of the Old and Handicapped there is ample room for an improved training scheme for field officers to become all-purpose local government social workers. On a more modest plane there is an urgent need for additional short training courses for resident staff in Old People's Homes. In spite of the serious housing shortage in the Midlands there is a dearth of applicants for residential posts in homes of this kind. This is chiefly because of the inadequate salary scales laid down nationally. It seems to be assumed that because comfortable living accommodation is available a worthwhile salary need not be paid for the

harassing 24-hours-a-day responsibility for the care of aged and frail residents. I would suggest that the national salary negotiators should try the work for themselves.

STAFF CHANGES AND ACKNOWLEDGMENTS

During the year we were sorry to say goodbye to Dr. Sheila Durkin on her appointment as Deputy Medical Officer of Health to Newcastle, Staffordshire. The medical staff vacancies caused by the appointment of Dr. Margaret McLaren as Deputy Medical Officer of Health and Dr. Durkin's departure were filled early in the year by Dr. Constance Myatt and Dr. B. Didsbury respectively, the latter being given leave of absence immediately after his appointment in order to complete his studies which led up to his obtaining the Diploma in Public Health. We were sorry to lose Mr. R. Woolley, the Senior Clerk, who left to take up the post of Senior Clerk in the School Health Section in Dudley. We were glad to welcome Mr. G. Cree, who was appointed Deputy Chief Administrative Assistant on 6.2.57, and Mr. S. de Wit, who took over the duties of Senior Clerk on 5.11.57.

Once more I should like to express my sincere thanks to the Chairman and other members of the Health Committee, as well as to the senior officers of the Corporation for their helpful co-operation throughout the year. My own staff deserves a particular word of praise for all the excellent work they have put in in their various fields during a year of some difficulty due to staffing shortages. My thanks are due also to Mr. Ridpath who not only prepared the draft on which the body of the report largely is based, but also carried a heavy load of extra work because of the staffing difficulties.

I am indebted to the Chairman of the Public Libraries Committee for giving permission for the use of the block used in the printing of the frontispiece, and to Mr. J. Pegler for the graph of new claims for sickness benefit.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

Medical Officer of Health.

Annual Report, 1956

GENERAL STATISTICS.

Area: 2,500 acres.

Population: Census, 1951: 76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1956: 74,370.

Rateable Value: April, 1957: £706,045.

Estimated Product of a Penny Rate: £2,800.

Rates in the £: 19/6 (April, 1957).

Estimated Number of Houses and Shops in the Borough: 21,981.

EXTRACTS FROM VITAL STATISTICS.

		1956	1955
Live Births:	Males	515	513
	Females	508	463
		1,023	976
	Illegitimate Births included in above total	68	70
	Birth-rate per 1,000 population	13.76	13.09
	Comparability Factor (Births)	0.95	0.95
	Birth-rate as adjusted by Factor	13.07	12.44
Still Births:	Males	7	10
	Females	6	21
		13	31
	Illegitimate still births included in above total ...	2	3
	Still birth-rate per 1,000 population	0.17	0.42
	Rate per 1,000 total births ...	12.55	30.78

		1956	1955
Deaths:	Males	395	403
	Females	308	334
		703	737
	Death-rate per 1,000 population	9.45	9.88
	Comparability Factor (Deaths)	1.15	1.06
	Death-rate as adjusted by Factor	10.87	10.47
Infant Deaths:	Male	14	15
	Female	7	9
		21	24
Infantile Mortality:			
	Legitimate infants per 1,000 legitimate births	18.85	23.18
	Illegitimate infants per 1,000 illegitimate births	44.12	42.86
	All infants	20.53	24.59
	Deaths of infants under 4 weeks	15	18
	Neo-natal mortality rate	14.66	18.44
Perinatal Mortality (i.e., still births+deaths during 1st week of life) per 1,000 total births		26.06	47.67
Maternal Mortality:			
	Maternal deaths	2	3
	Maternal death-rate per 1,000 total births ...	1.93	2.98

PRINCIPAL CAUSES OF DEATH:

	No.		Rate per 1,000 population	
	1956	1955	1956	1955
Pulmonary Tuberculosis	14	18	0.19	0.24
Other forms of Tuberculosis ...	—	2	—	0.03
Cancer—of lung, bronchus ...	27	24	0.36	0.32
of other main sites ...	120	108	1.61	1.45

PRINCIPAL CAUSES OF DEATH (cont.):

	No.		Rate per 1,000 population	
	1956	1955	1956	1955
Diabetes	3	3	0.04	0.04
Vascular lesions nervous system ...	77	85	1.04	1.14
Heart Disease	243	243	3.27	3.26
Influenza	3	8	0.04	0.17
Pneumonia	14	27	0.19	0.36
Bronchitis	62	76	0.83	1.02
Other Respiratory Diseases ...	8	6	0.11	0.08
Ulcer of Stomach	15	7	0.20	0.09
Gastritis, Enteritis and Diarrhoea	3	5	0.04	0.07
Nephritis and Nephrosis	6	6	0.08	0.08
Hyperplasia of prostate	4	2	0.05	0.03
Pregnancy, Childbirth, Abortion ...	2	3	0.03	0.04
Congenital malformations ...	4	9	0.05	0.17
Motor Vehicle Accidents	7	4	0.09	0.05
Other accidents	17	20	0.23	0.27
Suicide	8	9	0.11	0.17
Other defined and ill-defined diseases	66	72	0.89	0.97
	703	737		

NATIONAL HEALTH SERVICE ACT

MOTHERS AND CHILDREN

NOTIFICATION OF BIRTHS

The number of births notified during the past five years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows:—

	1952	1953	1954	1955	1956
Live births	1,124	1,076	1,006	965	1,023
Still births	17	26	27	18	14
	1,141	1,102	1,033	983	1,037

CARE OF EXPECTANT AND NURSING MOTHERS

Increased use was made during the year of the Ante-Natal Sessions at "The Firs" Clinic, 928 expectant mothers attending 3,611 times in all. Two sessions a week are set aside for the care of women who are to be confined at St. Chad's Hospital, the Consultant Obstetrician, Mr. T. Dougray, and members of his staff being in attendance. It is perhaps unfortunate that the 140 Smethwick residents who were delivered in hospitals other than St. Chad's during 1956 did not have the same benefit of a local hospital Ante-Natal Clinic. The proximity of their General Practitioners would, however, minimize the inconvenience of long journeys to hospital Ante-Natal Clinics in Birmingham. The departmental midwives also conduct two Ante-Natal Clinics each week for women who are to be confined at home. The increase in ante-natal attendance noted above is welcome since work in the Ante-Natal Clinics has shown signs of diminishing since 1948. It is hoped that this trend will continue and to encourage the process extra equipment has been provided in the Ante-Natal room.

The routine examination of all mothers at six weeks after childbirth is of the greatest importance to ensure that everything has returned to normal following the delivery. Special efforts are made to ensure the maximum possible attendance at the Post-Natal Clinic which is held at St. Chad's Hospital.

During 1956 a very satisfactory arrangement was continued between the Local Executive Council and the Authority by which the Executive Council notified the Medical Officer of Health of the names and addresses of women who had failed to keep appointments with their private doctors. Members of the Health Visiting Staff then called on such expectant mothers in their homes and did their utmost to ensure that future appointments were kept. It is, of course, the aim of the department to offer as much help as possible to the General Practitioners practising in the area. Unfortunately our continued failure to attract qualified Health Visiting Staff to the area means that work in this field cannot yet be extended, as had been hoped, during the last few years.

Throughout the year we continued to get very good service from an active branch of the Diocesan Council for Moral Welfare. This branch carried on its work in the borough for unmarried

mothers with the help of a grant of £200 to the funds. In addition the Health Committee accepted financial responsibility for the maintenance of eight unmarried mothers in hostels and maternity homes outside the area.

DENTAL TREATMENT

Mr. Hamilton, Principal School Dental Officer, has kindly let me have the following report on the treatment of expectant and nursing mothers and children under five during 1956.

"The treatment of expectant and nursing mothers and children under five years of age was again largely undertaken by the Principal School Dental Officer. There was a consequent interruption of treatment when Mr. Haley Goose left the service at the end of February, 1956, the work not being taken up again until after my arrival on the 16th May, 1956. However, despite this upset, there was a somewhat greater demand for treatment during the year as a whole. This demand for treatment is not as great as would be expected, but with staffing difficulties always present this must be looked on as a blessing.

"I have no doubt that evening sessions set aside especially for these mothers and young children would do a lot to popularise the service. In this connection during the latter half of the year a special session was arranged on Tuesday afternoons exclusively for mothers, and this was, I feel sure, the reason for the increased work in this field. Every attempt is, of course, made to treat emergency cases as soon as the need arises. In addition to this type of work, patients attending the Occupation Centre were given treatment during the year, but this is invariably emergency work only.

"The following tables give some indication of the amount of work which was carried out during 1956."

(*a*) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	67	67	65	60
Children under five	151	148	136	96

(*b*) Forms of Dental Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	479	19	54	16	3	1	10	25	13	11
Children under five	305	1	161	26	3	53	3	2	—	—

DOMICILIARY MIDWIFERY

The authority employs seven midwives who undertake all the home confinements either as midwives or as maternity nurses. The year 1956 will be remembered, in these days of extreme staffing shortages in local authority nursing services, as a year in which we had a full midwifery staff. As a result there were increases in the number of bookings, in the number of ante-natal and nursing visits, and also in the actual deliveries carried out.

	1952	1953	1954	1955	1956
Number of bookings...	508	451	450	415	461
Ante-Natal visits	1,888	1,459	1,670	1,366	1,694
Deliveries attended	467	414	403	380	392
Nursing visits	10,952	9,473	9,579	9,530	10,367

All members of the midwifery staff were authorised to administer pethidine and in 240 instances it was given during 1956. The Minnett gas and air apparatus was available for six members of the midwifery staff who have been trained in its use, and gas and air analgesia was given in 293 deliveries during the year.

One midwife is solely employed on ambulance work and is continually on call. It is, therefore, the practice of the Ambulance Officer immediately he receives a call in respect of a maternity patient, to send his ambulance to the midwife's home so that she can accompany the patient to the hospital.

Expectant mothers in the area know that when their call comes they will be accompanied by a qualified midwife until taken into the care of the trained hospital staff. This in itself must be

an advantage in that it allows the expectant mother to relax, and indeed, the expectant father can relax as well.

It was found that during 1956 the high demand for beds in local maternity hospitals was maintained. For some years when an expectant mother has asked to be delivered in hospital for social reasons only the patient's home has been visited by a member of the Health Visiting Staff, her report being submitted to the Medical Officer of Health and thereafter to the Obstetrics Officer. Only in cases where it is felt after investigation that confinement at home would be unreasonable does a recommendation go forward for hospital admission. It has become the practice under these conditions for the wise mother expecting her second, third, or fourth child to make very early application for a "social bed" where this is needed. The "unwise" mother tended to cause difficulty during the year by delaying her application for a bed until the last possible moment, either because of ignorance of local conditions or because it was assumed that hospital beds could be provided for all. Requests for admission were in some cases delayed even to the last month of pregnancy. In nearly every case of this nature the home conditions made it impossible for home confinement to be carried out efficiently and only with the co-operation of the maternity hospitals in the area was hospital delivery made possible. It would seem that this problem will be with us for a year or two to come.

INFANT WELFARE CENTRES

It was not possible during 1956 to carry on with the proposed erection of the new Health Clinic at Holly Lane, and the total number of welfare centres maintained by the Authority remained at six—eight infant welfare sessions being held weekly. The normal procedure adopted at the Centres is for each mother to be interviewed and advised by the Health Visitor, the medical officer in attendance examining each child on its first visit and thereafter at intervals and whenever the condition of the child warrants it. The total attendances during the past five years at these clinics were as follows:—

	Under 1 year	1-5 years	Total
1952	13,491	5,170	18,661
1953	14,039	5,493	19,532
1954	12,552	5,621	18,173
1955	10,722	4,658	15,380
1956	10,576	3,926	14,502

During 1956 some 825 children attended a centre during the year for the first time, these children being under the age of one year at the date of the first attendance. This number represents a slight increase over the 1955 figure, and it means in effect that 80.6% of the live births in the area attended the clinic, this compared with 80% in 1955, 79.3% in 1954 and 82.8% in 1953. It would seem from these figures that the service provided by the Authority in the infant welfare centres is appreciated by the nursing mothers to a greater extent than is perhaps the average throughout the country. It must not be forgotten that a number of voluntary workers attend each infant welfare session — without their invaluable help it would indeed be difficult to carry on this work on the present basis.

In addition to the services provided by the Authority, several general practitioners with large practices have set aside one or two afternoon surgeries each week so that mothers and young children on their lists can attend what are virtually special consultant sessions. If the supply of trained Health Visitors improves in the near future it may be possible for the Authority to offer the services of a member of the Health Visiting Staff to attend these general practitioner clinics, so that the teamwork so vitally necessary between the local authority services and the general practitioner services can be strengthened.

It was possible to continue the practice of calling up individual children for examination by way of personal invitation to the mother concerned when the child attained the age of one year, two years, three years and four years. It is felt that this personal invitation for what is known as a birthday examination gives rise to much greater response than is normally found. The following table shows the amount of work undertaken in this field and the number of defects found:—

EXAMINATION OF TODDLERS

	No. of children examined	No. with defects	No. of defects referred:	
			For treatment	For observation
Age one year ...	253	110	12	132
Age two years ...	269	176	30	271
Age three years...	209	151	29	274
Age four years...	31	30	9	59

EXAMINATION OF TODDLERS (continued)

Nature of defects found: —	
Lack of Cleanliness	2
Teeth	72
Skin	88
Eyes—(*a*) Vision	1
(*b*) Squint	25
(*c*) Other	8
Ears—(*a*) Hearing	4
(*b*) Otitis Media—R	16
L	16
(*c*) Other	9
Nose or Throat	84
Speech	14
Cervical Glands	81
Heart and Circulation	5
Lungs	13
Devclopment—(*a*) Hernia	20
(*b*) Other	64
Orthopaedic—(*a*) Posture	7
(*b*) Flat Foot	69
(*c*) Other	116
Nervous System—(*a*) Epilepsy ...	3
(*b*) Other	11
Psychological—(*a*) Development ...	20
(*b*) Stability	23
Others	45
	816

Attendances at infant welfare clinics tend to fall off after the child has attained the age of 12 months. The system of birthday examinations does, however, help to bring to the attention of many of the mothers concerned the great need for regular medical supervision during the years when infectious diseases are common and other ailments are likely to appear for the first time.

SUPPLY OF DRIED MILKS AND OTHER PROPRIETARY FOODS

The policy to display for sale supplies of proprietary brands of Dried Milk at the various clinics was continued during the year. The help of voluntary workers allows for quite a large turnover of these foods, although in the past few years there was a tendency

for the demand to drop appreciably. However, 1956 may have been the turning point, for 5,730 lbs. of milk were sold as compared with 4,497 in 1955, which was an all-time low.

DISTRIBUTION OF WELFARE FOODS

Welfare foods continued to be distributed from the one main central depot at the Firs Clinic, from the other main clinic at the Cape and the four peripheral infant welfare clinics. Again, the help of the voluntary workers allowed quite a large turnover, and in all some 78,419 articles were distributed to the public, this being a slight increase over the total issues for the previous year. Details of the issues are as follows:—

National Dried Milk:		
Full Cream	28,042	tins
Half Cream	928	tins
Orange Juice	40,276	bottles
Cod Liver Oil	6,401	bottles
Vitamin A and D Tablets ...	2,772	packets
	78,419	

CARE OF PREMATURE INFANTS

Premature infants born at home continued to be the responsibility of the municipal midwife who is in attendance during the first 14 days. Thereafter the welfare and progress of the child was the responsibility of the health visitor who could, of course, call on medical and specialist attention if at any time required.

Two sets of equipment to allow for the conveyance of premature infants born at home to hospitals by the Ambulance Service are kept for immediate use at the Ambulance Station. The co-operation of all the local hospitals was again very evident, since no difficulty is experienced at any time in securing the immediate admission of the premature child to hospital. During the year we were informed of the birth of 75 babies who weighed $5\frac{1}{2}$ lbs. or less; of these 20 were born at home, 54 in hospital, and one in a private nursing home. In addition, six premature still births were notified, two of which occurred at home and four in hospital. Details are given in the table following of premature births during the year at home and in hospital.

Weight at birth	Premature Live Births									Premature Still-Births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home
3 lb. 4 oz. or less (1,500 gms. or less)	3	—	2	—	—	—	2	1	—	2	2	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	7	—	6	1	—	1	1	—	—	—	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	18	—	16	3	—	3	2	—	1	2	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	26	—	25	9	1	8	2	—	2	—	—	—
Totals	54	—	49	13	1	12	7	1	3	4	2	—

DAY NURSERY

The Norman Road Day Nursery provides accommodation for 35 children. During the year it was generally possible to arrange for the immediate admission of any child in the five priority classes given below. The circumstances warranting priority consideration are:—

(1) Where there is no father, and the mother must work to support her children.

(2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.

(3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.

(4) Where the housing conditions of the family are so bad that normal life is impossible.
(5) Where the mother finds that she must work to supplement the father's wages.

Because of the housing difficulties in the area, many applications were received from parents who were buying their own house on mortgage. In such cases the Council charge the full scale rate of 8s. per day. In addition, during the year a number of cases came to the notice of the Committee where admission was requested to the nursery because of the fact that children living in small flats could not enjoy a normal healthy life because of the lack of exercise through the absence of playing space. The total attendances in 1956 were 6,289, an increase of 638 over the previous year.

HEALTH VISITING

The Health Visitors employed by the Council continued to carry out their comprehensive duties during the year. These duties cover the undermentioned services:—

(*a*) Care of expectant and nursing mothers.
(*b*) Care of children under five years of age.
(*c*) Infant welfare and ante-natal clinics.
(*d*) School medical inspections.
(*e*) Minor ailment clinics.
(*f*) Ultra violet ray clinics.
(*g*) Vaccination and immunisation.
(*h*) Prevention of infectious diseases and advice to parents regarding control.
(*i*) Mental health care and after-care.
(*j*) Visitation of aged persons.
(*k*) Home visits to T.B. patients.
(*l*) Visits in connection with geriatric cases.

Unfortunately, the staffing difficulties in this service continued and in fact increased during 1956, despite local and national advertisements and individual contact with university centres providing health visitors training. It was impossible to attract sufficient new members to the service to fill vacancies caused by normal wastage. However, despite all the difficulties the service was maintained during the year, and great credit is due to the Superintendent Nursing Officer for deploying her reduced forces to the best possible advantage.

The continued policy of the Council to provide loans for the purchase of cars and the payment of casual mileage allowances to members of the Health Visiting Staff made it possible for those trained officers with cars to undertake work in at least two districts. The Health Visitors who run cars find that they can greatly increase their daily visiting and that they can take their records of children under five around with them on the district so that advice can more easily be given on the spot to mothers regarding the actual progress of their children. In addition, it has been the practice for some years for the Health Visitors to carry out immunisations of children under five in their own homes. The provision of a car, of course, makes it possible for the equipment to be carried on normal visiting rounds.

The co-operation between the family doctor and the health visiting staff was maintained at the essential personal level throughout the year. In addition, the co-operation between the health visiting staff and the home nursing staff was maintained and, in fact, increased. Details of the work undertaken during the year are as follows:—

	1952	1953	1954	1955	1956
To Expectant Mothers:					
First Visits	325	78	278	314	332
Total Visits	587	127	453	505	520
To Children under one year of age:					
First Visits	1,093	1,055	985	942	958
Total Visits	7,549	3,842	6,124	6,102	5,031
To Children aged one to five years:					
Total Visits	10,527	5,109	11,530	10,678	7,392
To Other Classes:					
Total Visits	2,416	1,868	3,531	4,543	3,411

CHILDREN'S WELFARE COMMITTEE

The work of the Children's Welfare Committee continued during the year, and the help of all the officers attending was greatly appreciated. These officers were from the National Assistance Board, the Probation Office, the Children's Department, the Estates Department, the Education and Health Departments, along with representatives from voluntary organisations such as the N.S.P.C.C. and the W.V.S. The work of this Committee revolves to a large extent around the spade work carried out on the districts by the members of the health visiting staff. The Health Visitors can and do help the majority of the problem families although they are fully aware that in many cases they have no statutory right to enter the homes concerned. The majority of the work they carry

out is possible only because of the confidence and goodwill which is built up during their daily work in the community. The continued housing difficulties in the area were, of course, one of the main reasons for families coming to the notice of the Committee. More problem families than usual were removed from the list during the year possibly because the trade recession in the Midlands during the later part of 1956 resulted in more mothers staying at home to look after their children. I found it a great pleasure to work with members of this Committee.

HOME NURSING SERVICE

The Home Nursing Staff was increased during 1956, though it was not possible to attract State Registered Nurses to the vacant posts at the end of the previous year. However, we were fortunate in securing two State Enrolled Assistant Nurses with good experience in hospital work. The number of visits made by the nurses increased from 25,831 in 1955 to 31,577 in 1956. Full details of the actual work carried out during the year are as follows:—

	1952	1953	1954	1955	1956
New Patients ...	732	864	921	919	854
Recovered or transferred to hospital ...	598	698	747	739	618
Died	131	139	164	148	150
Remaining at end of year	101	128	138	170	186
Visits paid during year	17,245	21,145	22,551	25,831	31,577

During the year general practitioners, hospitals and in some cases the relatives of the patients concerned made greater demands on the Home Nurses, and some idea of the type of work undertaken is given in the following table:—

	1953	1954	1955	1956
Medical	810	836	841	813
Surgical	112	103	172	174
Tuberculosis	21	38	38	27
Maternal complications ...	2	1	5	7
Infectious diseases	—	—	1	3
Others	20	71	—	—
	965	1,049	1,057	1,024

There was an increasing call from the general practitioners practising in the area for services of the Home Nurses to give injections to their patients in their own homes; this service in itself must be a great help to the patient and to the general practitioner. The average number of injections given for general practitioners during the year was 233 per month, a considerable increase over the previous year. A breakdown of this figure shows that 74 of the injections were given to medical patients under the age of 65, 136 to medical patients over the age of 65, and 23 to tuberculous cases. Again the majority of the injections were of insulin, antibiotics, liver preparations and mercurial diuretics. In addition, it was noticed during the year that one or two general practitioners asked the Home Nurses to give courses of injections of vaccine to patients suffering from hay fever and asthma, always a time-consuming operation.

AFTER THE PATIENT'S DISCHARGE FROM HOSPITAL

Normally, the services of a Home Nurse are requested direct by the general practitioner although during the past year or so it has increasingly been the practice for hospitals to telephone the Nurses' Home direct so that any treatment can be arranged without delay after the patient's discharge from hospital. The work of the Home Nursing Staff is controlled in the first instance by a Home Nursing Supervisor, who also holds the post of Supervisor of Domestic Helps. This joint appointment of two related services whilst having proved of the utmost value in the past years, is becoming now a little difficult to maintain. The Domestic Help Service has expanded perhaps more than any other service since the National Health Service Act came into operation. Then only four full-time Domestic Helps were provided and 10 part-time workers. At the end of 1956, 75 Home Helps were employed, the majority working more than 20 hours each week. The result has been, of course, that supervision of the Home Nurses has in some ways had to give way to the supervision of the rapidly growing Home Help Service. It was possible for some members of the Home Nursing Staff to attend post-graduate courses provided by Birmingham. In this way, the nurses concerned were able to benefit from the courses without the need to leave their own homes.

PROTECTION AGAINST INFECTIOUS DISEASE

VACCINATION AGAINST SMALLPOX

Children may be vaccinated either by their general practitioners or at any Infant Welfare Session.

There were 473 children under one year vaccinated during 1955, this number being slightly more than 46% of the number of live births. Almost half of these vaccinations were carried out by general practitioners.

Parents of newly born infants are informed of the importance of vaccination by Health Visitors, and posters are displayed at Infant Welfare Centres and in the surgeries of general practitioners.

VACCINATION (IMMUNISATION) AGAINST DIPHTHERIA AND WHOOPING COUGH

By means of posters and leaflets in the Infant Welfare Centres and personal advice by Health Visitors, parents are encouraged to have their children immunised against diphtheria and whooping cough. In addition, during March, this information service was supplemented by Press advertisements, cinema slides and letters to parents of children under five who had not been immunised.

During the year 733 children were given a primary course of diphtheria immunisation, and 1,034 children received reinforcing injections in the Borough.

The diphtheria immunity index is published by the Ministry of Health and shows the proportion of children in specified age groups who have received protection against diphtheria during the preceding five years. In Smethwick the 1956 immunity index of the child population under five was 53%, showing no change from the figure for the previous year.

VACCINATION AGAINST POLIOMYELITIS

For the first time, small supplies of anti-poliomyelitis vaccine were available for certain children born during the years 1947 to 1953. Children of parents who expressed a desire to have them vaccinated were registered with the Ministry of Health, who selected those born in certain months to be given the early supplies. During the year 31 children completed a full course of two injections, and one child was given one injection only. All the inoculations were given at the Firs Infant Welfare Clinic.

AMBULANCE SERVICE

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m. Mondays to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays and at all other times by voluntary staff provided by the British Red Cross and St. John Ambulance Brigade Organisations.

During the year a new 16 h.p. Morris dual purpose vehicle was purchased. This can be used for either two stretcher cases, 10 sitting cases, or one stretcher and five sitting cases. The 1939 two stretcher 25 h.p. Morris ambulance was taken over by the West Bromwich and District Hospital Group for use in a Mobile First-Aid Unit at Smethwick Hospital.

The actual vehicles in use in the service at the end of the year were as follows:—

Make	H.P.	Type	Capacity	Year
Austin	16	Utility	3 seats	1949
Austin	16	Coachbuilt	2 stretchers	1949
Daimler	27	Coachbuilt	2 stretchers	1949
Daimler	27	Coachbuilt	2 stretchers	1950
Morris	28.8	Coachbuilt	2 stretchers	1952
Morris	16	Coachbuilt	2 stretchers	1954
Morris	16	Coachbuilt	2 stretchers	1955
Morris	14	Dormobile	8 seats	1954
Morris	16	Dual-purpose	10 seats	1956

In addition to the vehicles quoted, a Morris 5 cwt. van is available for maintenance purposes.

The paid staff of the station comprises an Ambulance Officer, Assistant Ambulance Officer, nine Driver/Attendants, one Driver/Mechanic Attendant, two whole-time and one part-time Telephonists, one Telephonist/Clerk and the necessary domestic staff. There have been no difficulties maintaining a full staff during the year.

Radio-control equipment was being installed at the Ambulance Station and in six of the vehicles at the end of the year, and when this is fully operational there should be a further improvement in the service, which at present is of a very high standard. A team representing the service took part in a regional ambulance competition at Stoke-on-Trent and was placed second. The team was placed first in the section dealing with the ambulance vehicle and equipment, this being extremely noteworthy as the vehicle was more than twice the age of any other in the competition.

The following table gives details of the work of the Ambulance Service during 1956:—

	Sitting Case Cars	Ambulances	Total 1956	Total 1955
Number of journeys ...	1,530	6,306	7,836	7,979
Patients carried ...	4,351	18,635	22,986	24,625
Miles travelled	17,559	67,804	85,163	85,866
Motor spirit consumed (gallons)	1,015	5,481	6,496	7,480

"THE HOLLIES" CHILDREN'S HOME

During the year children were admitted to "The Hollies" mainly because of the need of convalescent treatment, but many of the cases were actually referred by the Children's Department as being in need of temporary care. These latter cases appear to be on the increase and whilst some admissions are sought because of the mother's removal to hospital, many are now having to be admitted because their parents have been evicted for reasons which, in many cases, could have been foreseen. The Home was, of course, originally plannd to cater for the rheumatic and malnourished child, but fortunately this need has now almost disappeared. As indicated in my Report for 1955, staffing difficulties had made it necessary to curtail admissions to the Home, but fortunately staff were available during the year, and this allowed the number of patient days to be increased from 7,175 in 1955 to 7,529 in 1956; this gave a daily average of 20.5 as compared with 19.6 for the previous year. Obviously, it is the intention to increase the daily average, and an effort was made during the year to publicise the facilities available at the Home through the medium of our clinics, our Health Visiting Staff, and through the good offices of the Local Medical Committee. One meeting of this Committee was held at the Home, and general practitioners may, it is felt, make more use of the facilities available in the future. It was possible during the year to have a good deal of maintenance work done, including external decoration, and the provision of an appreciable amount of new equipment. Details of the admissions to the Home are as follows:—

"THE HOLLIES"

Condition	In-Patients 1.1.56	Admitted Under School Age	Admitted School Age	Discharged Under School Age	Discharged School Age	Re-maining 31.12.56
Cough	—	1	—	1	—	—
Asthma ...	—	—	1	—	1	—
Bronchitis ...	1	1	1	1	1	1
Convalescence .	1	1	3	—	1	4
Debility ...	5	—	7	2	5	5
Enuresis ...	—	—	3	—	2	1
Hemichorea ...	—	—	1	—	1	—
Maladjusted ...	1	—	—	—	1	—
Malnutrition ...	1	1	—	2	—	—
Pneumonia ...	2	—	1	1	2	—
Pre-Tuberculous	3	—	3	2	3	1
Rheumatism .	—	—	1	—	1	—
Spastic Diplegia	—	2	—	2	—	—
Cases admitted on behalf of:						
Children's Committee	—	22	29	20	23	8
Other Authorities	3	3	8	3	9	2
	—	—	—	—	—	—
	17	31	58	34	50	22
	—	—	—	—	—	—

CARE OF CHILDREN

Miss Abbott, the Children's Officer, to whom I am extremely grateful for her help and co-operation, has once again let me have a report on the work of her department during 1956:—

"Paramount in the work of the Children's Department is the welfare of the child. That it is not always of first importance to parents is obvious by the light-hearted way, when in trouble, they will so often apply to have the children taken into care as a means of solving part of their difficulties. Recognition of this fact, and the increasing strain on relations of growing families waiting for their own accommodation, has made the duty of careful investigation of all applications all the more important. It is doubtful whether any misfortune is so serious to a child as separation from his parents, and moreover the community must be safeguarded against assuming responsibility which should rightly still belong to parents. During 12 months, whereas 93 children

were taken under care, 67 were prevented from coming into care by means of careful investigation, gaining the help of relations, and guiding parents to use such services as the National Assistance Board, the Day Nursery and Nursery Classes.

"Through the unbelievable thoughtlessness of some parents, children are stranded, undefended. Not only is strong legal action speedily used to protect them, but their immediate care needs to be planned with imagination and understanding. When children can be taken into care by agreement, perhaps for a temporary reason such as the departure of mother into hospital or for convalescent treatment, separation from parents is made as carefully as possible, and the child is encouraged to bring with him some of his own cherished possessions. He is not made to undress as the very first experience of being in care—necessitated by the Regulations concerning Medical Examinations, but now whenever possible arrangements are made for the mother herself to take the child for the examination a few days before.

"Every effort is made to keep good parents in touch with their children, but good or bad they still have a liability to contribute towards their child's maintenance.

"The following is a table of the total number of children under care:—

	Dec. 1953	Dec. 1954	Dec. 1955	Dec. 1956
Children deserted by their parents	26	21	15	17
Children who are part of homeless families	46	57	41	47
Children whose parents are incapable of caring for them ...	11	10	8	10
Children whose parents are ill ...	6	—	—	4
Children whose parents are dead	17	20	20	13
Children who come from unsatisfactory homes	8	8	8	4
Committed because of neglect by parents	21	17	16	16
Committed because of unsatisfactory behaviour	12	7	7	3
Committed because of being in moral danger	—	—	2	3
	147	140	117	117

"Children coming into care for temporary periods numbered 83. It is most heartening to be able to record that 41 of these little ones have spent their time of separation with loving foster-parents. We are also glad to thank the Health Committee for giving temporary care to another 36 children at "The Hollies," and the Wolverhampton Children's Committee for similar co-operation.

"Long term plans continue to be made for children who cannot return to their own parents. Most of these children settle happily into foster-homes, and it is pleasing to record that in 11 cases the children have subsequently been adopted by their foster-parents. Other foster-parents, not being able to afford to adopt, are giving children permanent homes, and really making them part of the family.

"Foster-parents do often need strong support. Children deprived of their parents, just "taken for granted" by so many others, are inclined to show their resentment, often subconsciously, in unpleasant ways. Immediate help is always given day or night when special difficulties arise.

"During 1956, the Local Authorities in the Midlands, after a series of meetings in Birmingham, came to an up-to-date agreement on a common basis of maintenance payment to foster-parents. Very careful thought was given to the adequacy of payments in the light of the cost of living. Satisfactory results are justifying the decisions reached and accepted by the Children's Committee.

"Concerning holidays for older boys the Children's Committee paid a most interesting visit to Nash Court, near Ludlow, in August. The Camp is run by the National Association of Boys' Clubs and affords splendid opportunities for outdoor recreation and good companionship. Five boys under care enjoyed the Camp in 1956.

"Some children cannot be boarded-out with foster-parents because of their behaviour difficulties; others are unwelcome to foster-parents because they will be returning to their parents. These children are accommodated in Homes.

"Whether boarded-out or in Homes, however, all the children in care are known personally to those of the Department responsible to the Committee for their welfare. Recently an investigation revealed that many of the children in care had not been christened when in their parents' care. The co-operation of the Church and of the foster-parents concerned has been gained over this matter.

"The following is a table of the different types of accommodation provided for the children and young persons in care:—

	Dec. 1953	Dec. 1954	Dec. 1955	Dec. 1956
Children boarded-out	87	91	81	80
Children in Local Authority Homes	37	33	31	32
Children in Voluntary Homes ...	15	10	1	—
Children in Special Schools ...	5	4	3	2
Children in Mental Hospitals ...	3	2	1	—
Children in Residential Employment	—	—	—	1
Children in H.M. Forces ...	—	—	—	1
Children Home under Supervision	—	—	—	1
	147	140	117	117

"During the year the average number of children resident at 'The Towers' Children's Home has been 12—the number aimed at. The children are encouraged to play a normal part in the life of the neighbourhood, such as taking part in Scouts, Guides, visits to the swimming baths and bringing their school friends in to play.

"The children thoroughly enjoyed a good two weeks holiday at Rhyl during August.

"It has not been found possible to obtain a resident assistant House-Mother for the Home, as there is a nation-wide shortage of such persons. The experiment is, therefore, being tried of enlisting the help of suitable married women who are giving part-time assistance.

"The Children's Committee, working towards bringing into Smethwick those children for whom the Authority is responsible, is now looking forward to the opening of a second small Children's Home. It is to be called 'Lee House' after Alderman Mrs. E. Lee, who has been Chairman of the Committee since its inception in 1948.

"The Children's Committee are responsible for individual children and indeed, as a Senior Home Office official once said, their work is the most delicate ever undertaken by an elected body. It would, therefore, seem right to record quite briefly some of the children's achievements, plans and even difficulties. Two children are

making very good progress at Grammar Schools; another, having obtained her General Certificate of Education, has obtained a good secretarial post. One girl made such a success as a comptometer operator that she is now on the staff of the school at which she was trained. An extremely backward child has during six years improved so much through the combined care of a foster-parent and the Rudolf Steiner School that she now appears and acts as a normal happy girl—and has a permanent home. A girl, sent by the Committee in co-operation with the Education Committee, to a private boarding school, plans to take up a secretarial career and then to join the W.R.N.S. A backward boy, homeless—and awkward—leaving a special residential school shortly is looking forward to farm training with real enthusiasm.

"In co-operation with the Kent and Middlesex County Council, two boys have, in Smethwick, found good homes—and good friends. Two other boys, after eight years in care, have settled down very well with an Aunt and Uncle who, once discovered, were glad to co-operate.

"During the year there have been nine older boys in care and 17 boys whose after-care from Approved Schools has been the responsibility of the Committee.

"The care of older boys can present a real problem. Three or four boys who are in and out of work continually, or who will not keep themselves clean, constantly endanger their relationships with their parents or foster-parents and trouble may break out at any time. If the boy is on licence, there is the remedy of recall to an Approved School if circumstances are really bad, but the fact that during the year, out of 17 boys on licence, only one was recalled, shows that this is not resorted to lightly.

"Looking back briefly on a particular problem, that of certification, it is interesting to be able to record that in one case, a girl now over 18 has improved so much that she is able to live in a Hostel and go out to work, and that another, who was discharged through co-operation between the Children's Officer and the Superintendent Medical Officer, is happily married.

"Many people, over the years, have become interested in the work of the Children's Committee and are ready to help when special difficulties arise, at Christmastime, or when they have clothes or toys to offer. They are a real encouragement, and we thank them for their assistance and co-operation, together with other departments of the Council, the Police, Probation Officers, Moral Welfare Workers, and members of voluntary societies.

"I am glad to conclude by expressing my thanks to the Committee for their patience and understanding of our many difficult problems, and to thank the Chairman for her unfailing interest and support."

M. J. ABBOTT.

CHIROPODY SERVICE

This comprehensive service was continued throughout the year, although at times it was difficult to maintain it fully. The staff of Chiropodists is, of course, strictly limited to two full-time officers, and during periods of illness it is not always possible to deal with the patients coming forward for treatment as quickly as we would like. When one of the Chiropodists is away a decision has to be made as to whether half of the appointments already made are to be cancelled, or whether all the patients called for treatment are allowed to attend on the understanding that only the foot giving the most discomfort can be treated on the visit. We have found that providing treatment for the more painful foot only under these circumstances, is not always popular with the clients, but in this way it is felt that some good is done to more people! During 1956 1,523 individual patients attended, and these were made up as follows:—

Children under five years of age ...	2
Children of school age	16
Expectant and nursing mothers	1
Other patients:	
Male	202
Female	1,302

Details of the total attendances of 9,762, which is an increase of 191 over the previous year, are given in the following small table:—

	1952	1953	1954	1955	1956
Children under five years of age	15	13	11	7	9
Children of school age...	233	204	165	87	50
Expectant and Nursing Mothers	9	4	3	1	1
Other patients:					
Male	1,472	1,231	1,357	1,232	1,246
Female	9,241	8,413	9,149	8,244	8,456
	10,970	9,865	10,685	9,571	9,762

HOME CHIROPODY TREATMENT

The provision of transport through the year 1956 made it possible to extend the chiropody service to provide home treatment for an added number of elderly, infirm or disabled patients in their own homes. Previously, this type of patient could only be given treatment when ambulance transport could be provided to take them to the clinic. Now the chiropodists call at their homes without inconvenience to the patient or extra calls on the Ambulance Service. During the year 378 patients received home treatment, this being an increase of 186 over the previous year.

CONVALESCENT CARE

The demand for recuperative convalescent care during the year was somewhat less than the previous year; 39 patients being given vacancies in Homes on the recommendation of the hospital or family doctors. These 39 patients went to 13 Convalescent Homes, the normal period of stay being two weeks. The tendency is, of course, for the patient to request vacancies at Convalescent Homes near the seaside, and in this we are fortunate in receiving the most excellent service from the staff of the Bell Memorial Home at Lancing in Sussex. The subject of convalescent care and treatment is dealt with at greater length in the introductory letter to this Report.

LOAN OF SICK ROOM EQUIPMENT

During 1956 medical loan equipment was again available for all needy cases, and issues were made from the one main depot which is maintained at the Edward Cheshire Nurses' Home, 2, Bearwood Road. General practitioners and hospitals continued to refer patients requiring this equipment to the Home, and it was found that perhaps because of the number of married women working full time, the majority of the applications were received after doctors' surgery hours in the evening.

Since 1948, when this scheme started, a fund had been building up from the small deposits charged on the equipment which grateful patients did not ask to be returned. It was found during the year that approximately £50 had accumulated, and this was used to purchase new wheelchairs and bedpans, which were greatly in demand. The scheme is, indeed, generous to the patient, for no charge is made for the actual hire of any equipment, a nominal deposit only being required. No deposit is called for

from old age pensioners, and whenever articles which have been borrowed are returned in good order, then the deposit is returned. During the year some 434 articles were issued, and details of these are as follows:—

Air Rings	42
Bed Pans	86
Bed Rests	50
Bedsteads	22
Commodes	13
Drawsheets	9
Fireguards	4
Mackintosh Sheeting	82
Urinals	44
Wheelchairs	32
Miscellaneous articles	50
	434

DOMESTIC HELP

The staffing position within this service, which had been difficult since the scheme came into operation, improved sufficiently during the year to allow for the increase of the staff of Domestic Help to 19 full-time workers and 56 part-time workers. It seemed that the recession of trade in the area made it possible to attract more workers, and in addition it was found that in making appointments a higher standard could be adopted in determining the suitability of applicants. Even with this increase in staff the calls on the service could not be met at all times, since it was found, particularly with the part-time worker, that programmes of work are continually being interrupted by absences due to sickness, holidays, and those caused by family commitments.

The main demand for domestic help is, of course, now from the aged and infirm in their own homes. It is interesting to note that whilst 152 such cases received help in 1952, this figure had increased to 313 in 1956. In the majority of cases the need was for help on at least four days per week. In many instances the elderly patients were and are now virtually dependent on the domestic help for food, for shopping, for laundry and in some cases even to drawing their pension at the local Post Office. Whilst this position is highly satisfactory in that the elderly are retained in their own homes as long as is humanly possible, it leads from time to time to considerable difficulties since the service must be carried

on however depleted is the staff of domestic helps. The financial allowance made in the estimates for the current year has again been increased, but it would seem that a financial ceiling has virtually been reached.

It is of interest to note that 40 maternity cases were assisted during the year, the same number as in the two previous years. Details of the number of families helped during 1956 and the four preceding years for comparison are as follows:—

	1952	1953	1954	1955	1956
Maternity (including expectant mothers) ...	53	42	40	40	40
Tuberculosis	5	1	1	1	2
Chronic Sick (including aged and infirm) ...	152	161	220	247	313
Others	33	96	80	45	40
	243	300	341	333	395

MENTAL HEALTH

(*a*) THE CARE AND AFTER-CARE OF MENTAL ILLNESS

A notable innovation during the year was the opening of a psychiatric out-patient clinic in the Borough situated in the Local Health Authority's clinic at "The Firs," and staffed by Highcroft Mental Hospital. The clinic held two sessions weekly and proved a great boon to Smethwick patients, who were relieved of the tedious bus journey to Stockland Green, Birmingham. Having a clinic in Smethwick also helped to associate the Local Health Authority more closely with the mental hospital, which is most essential for progress in this field. Liaison with the mental hospital was further assisted by the weekly clinical sessions held there which were attended by the Mental Health Officer, who also served on the Executive Committee of the League of Friends.

Co-operation with the general practitioners was maintained at a high level and not infrequently doctors sought the assistance of the Mental Health Section before referring patients to the mental hospital or clinic.

The table of admissions shows that 157 Smethwick patients were admitted to mental hospitals during the year; of this number 80 were admitted under arrangements made by the Mental Health

Officer, and 77 went into hospital via the general practitioner or out-patient clinic. The number of patients admitted showed an increase of 11 over the 1955 figure, and was over 50% higher than the admissions in 1954. This somewhat startling increase emphasises the need for more attention to be given to the prevention of mental ill-health and for adequate after-care facilities. Insanity is an illness which is prone to recur, as can be demonstrated by the fact that of the 157 patients admitted to hospital no less than 90 had a history of mental illness prior to their present breakdown.

Efforts by the mental health staff of the Local Authority and the hospital to secure the admission of patients on a voluntary basis rather than by certification met with considerable success. This was due mainly to the fact that more use was made of the short detention orders under Sections 20 and 21 of the Lunacy Act in the case of patients who were certifiable and unwilling to enter the mental hospital. It was found that many of these patients, if admitted for a short period of observation, rapidly settled down in hospital and agreed to stay as voluntary patients. Fifty-six patients were admitted under short orders, and of these, 37 eventually became voluntary patients. Only nine were certified, nine were discharged at the expiration of the short order, and one died. The following tables show how the mode of admission has changed over the past three years, and the result that this has had on the final classification of patients:—

Mode of admission:—

	1954	1955	1956
Certified	24	22	10
Short Order ...	24	48	56
Voluntary ...	55	74	91
Temporary ...	—	2	—
	103	146	157

Final classification:—

Certified	34 (33%)	34 (23.3%)	19 (12.1%)
Discharged within period of Short Order	7 (6.8%)	13 (8.9%)	10 (6.4%)
Voluntary ...	62 (60.2%)	95 (65.1%)	128 (81.5%)
Temporary ...	—	4 (2.7%)	—
	103	146	157

Particular care was taken over the admission of old people to the mental hospital. This is something which cannot be avoided altogether, but the idea of certifying a senile patient is repugnant to those who have to administer the service, as well as to the relatives of the patient. I am pleased to say that although the number of persons over 70 admitted to the mental hospital rose to 26, only three were certified. The following table shows how the certification of old people has been reduced over the past three years despite an increase in the numbers admitted.

Final classification—persons aged 70 or over:—

	1954	1955	1956
Certified	8	7	3
Discharged within period of Short Order	1	1	4
Voluntary ...	7	14	19
Temporary ...	—	—	—
	—	—	—
	16	22	26
	—	—	—

One result of the policy of admitting the unwilling patient on a three-day Order was the marked reduction in the number of certifications with the consequent saving of money formerly spent on obtaining the statutory medical certificates. Another result was to throw an increased responsibility on the Mental Health Officer, who had to make up his own mind whether the patient was in fact a person of unsound mind, and a proper person to be taken to a mental hospital. Hitherto his responsibility largely ceased when he gave notice to a Justice of the Peace, and thereby placed the onus of deciding whether to send the patient to hospital on the J.P., guided by the advice of a doctor. The Mental Health Officer then merely awaited the outcome of the examination and carried out his instructions. It seems a matter of some concern, therefore, that the financial reward to responsible officers carrying out these onerous duties should not be higher.

The discharge rate for 1956 also rose and actually exceeded the number of admissions. The great majority of patients, as can be seen from the table, left hospital within three months of their admission.

The after-care service, undertaken by the Mental Health Officer, Superintendent Nursing Officer and Health Visitors, continued to cope with an increasing amount of work, but staff

shortages meant that patients, particularly the men, were not visited as often as we would have liked. In addition to numerous interviews, 'phone calls and correspondence dealt with at headquarters, these officers paid altogether 582 visits to the patients' homes.

There were 51 patients receiving after-care at the beginning of the year, 84 new cases were added during the year, and 78 were closed, leaving 57 patients at the end of the year.

Total number of deaths and discharges		165
Accepted after-care	84	
Refused after-care	2	
After-care not necessary	43	
Discharged to another area	10	
Died	26	
	—	165

Of the 78 cases closed the results were:—

Fully recovered or stabilised	32
Returned to Mental Hospital for further treatment	41
Admitted to General Hospital	1
Referred to Blind Visitor	1
Left the area	2
Died (natural causes)	Nil
Died (suicide)	1
	—
	78
	—

ADMISSIONS TO MENTAL HOSPITALS DURING 1956

Classification	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total all ages
Certified	M	—	1	1	4	—	1	2	9
	F	—	3	1	1	3	1	1	10
Observation only (Short Detention orders) ...	M	—	1	1	1	—	—	3	6
	F	—	1	1	—	—	1	1	4
Voluntary ...	M	1	5	13	6	9	10	8	52
	F	1	8	9	16	14	17	11	76
Temporary ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Total	M	1	7	15	11	9	11	13	67
	F	1	12	11	17	17	19	13	90
Total, both sexes...		2	19	26	28	26	30	26	157

DISCHARGES AND DEATHS—MENTAL HOSPITALS—1956

Length of stay	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ...	M	—	3	8	7	6	8	9	118 (8 died)
	F	1	12	12	15	16	14	7	
3-6 months ...	M	1	—	1	1	1	1	—	14 (1 died)
	F	—	2	1	2	1	1	2	
6-9 months ...	M	—	1	—	—	—	—	1	3 (1 died)
	F	—	—	—	—	—	—	1	
9-12 months ...	M	1	—	—	—	—	—	—	5 (2 died)
	F	—	—	—	1	—	2	1	
Over 12 months ...	M	—	—	1	1	2	2	7	25 (14 died)
	F	—	2	—	1	2	1	6	
Total		3	20	23	28	28	29 (7 died)	34 (19 died)	165 (26 died)

(*b*) MENTAL DEFICIENCY

There were 199 mentally defective persons under care in the community at the end of the year, and a further 86 were resident in hospitals. Two patients were admitted to hospitals during the year, Orders being obtained by petition in both cases. There were at the end of the year three patients awaiting institutional care; one, a child under five years of age was regarded as extremely urgent and had then been waiting almost two years for a bed. The needs of the other two, both adult males, were not so urgent. The help of the Regional Hospital Board was obtained in providing temporary hospital care for two patients requiring constant attention so as to enable their parents to have a rest.

Supervision in the home was undertaken by the Mental Health Officer and Health Visitors. Special visits were paid by the Medical Officers. In all, 380 home visits were paid during the year. One child who had been referred as ineducable made sufficient progress at the Occupation Centre to warrant his referral back to the Local Education Authority, and he was admitted to the Day Special School for Educationally Sub-normal Children. Unemployment amongst high grade mentally defective adults presented more of a problem in 1956 than in any year since the war, owing to the rising incidence of "short time" working and unemployment in industry. It is often the case that the mentally handicapped employee receives less consideration from an employer or workmates than any other class of handicapped person, with the exception possibly of the epileptic. The absence of an industrial centre or, what would be better still, a sheltered workshop, made it impossible to help effectively the unemployed to maintain what little self-confidence and skill they had acquired so as to give them a chance of becoming reinstated in employment.

The Occupation Centre continued to provide training for approximately 40 mentally handicapped persons despite cramped and unsuitable accommodation. The Centre was open for 219 days in the year, and attendances totalled 5,944; an average of 27 a day. Mid-day dinners were supplied through the School Meals Service, and the issue of a free bottle of milk (one-third pint) to each child was continued by the Corporation after the withdrawal of the Government's free milk supply in August. The Centre is housed in the same premises as one of the health clinics, thus enabling speedy attention to be given to minor ailments, dental defects, etc. The facilities of the dental clinic were available to all mentally handicapped persons in the Borough where special circumstances made it difficult to obtain dental treatment in the normal way.

Arrangements were made for a barber to call at the Centre once a month, the cost of haircutting being borne by the parents.

A party of mentally handicapped children and older persons spent an enjoyable week's holiday at the School Camp, near Bewdley, and we are indebted to the donor, the Education Committee, Occupation Centre staff and other helpers who made this holiday possible. We were fortunate in being allowed the use of the camp during the period when most of the factories in the area closed for their annual holiday, which meant that many parents were on holiday at the same time. The year ended with a visit by the children to a theatre, followed by a Christmas tea party.

Difficulty was experienced in maintaining an adequate and punctual transport service to and from the Occupation Centre for the more severely defective and crippled children, and over-crowding at the Centre presented a serious problem. Attention was focussed on the needs of the younger people, and I am pleased to report that all the 24 children under the age of 16 considered to be suitable for training at the Occupation Centre were in fact accommodated. Of the "over 16's," however, 42 of the 57 who are suitable for occupation centre or industrial centre were not catered for. This is a serious gap in the Local Authority's services for the handicapped.

One handicapped adult, a cretin, received home teaching in reading and writing. Another, whose double handicap of mental deficiency and epilepsy prevented her attendance at the Occupation Centre, received home training in handicrafts. Both patients made good progress. Several feeble-minded young men and women enrolled for the reading classes run for the second year in succession by the Local Education Authority's Evening Institute, and derived benefit not only from the improvement in their educational attainments but also from new friendships. The problem of finding suitable lodgings for the higher grade mentally handicapped adult arose again during the year and proved virtually insoluble in the absence of a hostel specially provided and staffed for the purpose. It is probable that had we had such a hostel neither of the two persons admitted to Mental Deficiency Institutions in 1956 need have been certified and removed from the community.

The Health Committee have also gone to the expense of placing six men and women under guardianship in the Brighton area, and though we are grateful for the existence of the Guardianship Society, we must nevertheless acknowledge that

placing Smethwick people so far from home, where they can have very little contact with friends or relations, is perhaps an undesirable expediency.

Furthermore, there were approximately 46 Smethwick patients in mental deficiency hospitals who were classified as "high-grade," and it would be reasonable to assume that a fair proportion of these could return to their native town and become useful citizens again if only they had somewhere to live where their special needs would be understood and met.

No provision for the welfare of the mentally handicapped could be said to be complete unless it included residential accommodation for the few for whom there is "no room" at home or who are homeless.

INFECTIOUS DISEASES

1. TUBERCULOSIS

Dr. Wilson Russell has again kindly let me have a report on the work of the Chest Clinic during 1956. This report is as follows:—

"Again in 1956 tuberculosis showed a low incidence although at the end of the year and beginning of 1957 there has been a tendency to rise. Only 115 new cases were added to the register, and of these 23 came into the town from other areas, so that only 92 fresh cases arose in Smethwick. During the year 118 cases were discharged, 47 were transferred, and 30 patients on the register died, leaving 947 cases on the register compared with 1,027 at the end of 1955.

"The 'infector pool' showed a reduction. At the end of the year 25 patients known to have a positive sputum were in hospital and there were 43 such patients at home.

"Attendances at the Chest Clinic of 7,910 were less than the previous year, but the number of new patients seen, 1,008, the number clinically examined, 4,516 and the number X-rayed, 3,409, were almost the same.

"Since August, 1956, on the instructions of the Birmingham Regional Hospital Board and West Bromwich Hospital Management Committee, no Smethwick patients have been admitted to Romsley Hill Hospital, a loss of 17 beds. At the end of the year it became evident that it was the intention of the same authorities to close the tuberculosis ward of 22 beds at Holly Lane Hospital and give over the ward for neurosurgical cases.

"At the end of 1956 the allocation of beds for the treatment of Smethwick tuberculosis patients was as follows:—

	Male	Female
Holly Lane, Smethwick	22	0
Heath Lane, West Bromwich ...	5	5
Cheshire Joint, Market Drayton ...	0	6
	27	11

Total: 38

"This is a reduction of the 17 Romsley beds from the 55 beds available in 1955. In exchange for the loss of 22 beds at Holly Lane, it is intended to allocate 10 male beds at Prestwood Sanatorium, Kinver. The allocation of beds in 1957 will therefore be as follows:—

	Male	Female
Heath Lane, West Bromwich ...	5	5
Cheshire Joint, Market Drayton ...	0	6
Prestwood, Kinver	10	0
	15	11

Total: 26

"Smethwick tuberculosis patients have been treated in Holly Lane and Romsley Hill Hospitals since these hospitals were built, and a tradition of many years standing is being overthrown, but the immediate danger is that too few alternative beds will be made available.

"In my opinion, 45 beds is still the minimum requirement in order to deal adequately with the treatment of Smethwick tuberculous patients. As I have mentioned in previous reports, there is an increasing difficulty in persuading patients to go to country sanatoria at a distance from home chiefly because of the difficulty and increasing cost of travelling for their visitors. Patients must be able to accept a prolonged stay in hospital for treatment and they will only do so if they know that they can have their visitors easily and as frequently as possible. This applies especially to the middle-aged and elderly who now make up the largest number of tuberculous patients. The loss of local beds will mean that advanced and elderly patients will be denied access to a bed near home and will have to be treated at home, a retrograde step from the Public Health aspect. Tuberculosis is still the same infectious disease and spreads by direct contact, and the home has to be exceptionally good to offer equal facilities for treatment, nursing, isolation and education as the tuberculosis hospital.

"From the Chest Physician's point of view it is also important that he should have an adequate number of beds under his own direct personal control, otherwise it is difficult to deal with acutely ill patients and emergencies. In recent years there has been no waiting list for medical treatment, but unless more beds can be obtained it must be expected that new cases will have to wait for admission.

"As regards surgical treatment there is now very much less waiting time for a bed in the Surgical Unit at Yardley Green Hospital and the attendance of the Chest Surgeons, Mr. MacHale and Mr. Stephenson at Smethwick Chest Clinic is very much appreciated.

"The number of children needing hospital treatment for primary tuberculosis is now much less, but beds are available at Kyre Park, Tenbury Wells, and use is also made of "The Hollies," Smethwick.

"For such children at home and for patients after return from sanatorium or under treatment at home, the free milk scheme of Smethwick Council has been of very great value.

"During the year B.C.G. vaccination was given at the Chest Clinic to 42 contact children.

"In 1956 12 out of the 115 new cases were immigrants, i.e., 10.4%—almost the same proportion as in 1955. These were six Indians, two Pakistanis, two Irish, one Canadian and one Jamaican. This is the first case of tuberculosis, so far, in a West Indian.

"As many as possible of the new patients seen had a tuberculin skin test with results as shown in the following table:—

Age	Positive	Negative	Total	% Positive
0— 5 ...	6	74	80	7.5
6—10 ...	7	77	84	8.3
11—15	19	48	67	28.3
15—20	29	42	71	40.8
21—30	134	58	192	69.8
31—40	152	25	177	85.9
41—50	109	13	122	89.4
51—60	102	28	130	78.5
61—70	30	22	52	57.7
71—80	13	8	21	61.9
	601	395	996	60.3 Av.

"These figures include all contacts examined and are probably higher than in the general population, but there is a slight rise over previous years. The tendency for the incidence to rise at the end of the year has already been mentioned and it behoves us not to take a too complacent view of the tuberculosis situation.

"During the year there were some staff changes. Sister Lewis and Miss Underhill served throughout the year with their usual reliable efficiency. Miss Adams who left in December, 1955 was not replaced until March, 1956 when Mrs. Vos came and has proved herself to be a very competent shorthand typist. Our radiographer, Mrs. Hastings left in December, 1955 and was succeeded in February, 1956 by Mrs. Wilkes who left in June, 1956, lured by the higher salary offered in industrial work. Since June we have been without a radiographer but thanks to the remaining staff, who have each done a share of the x-ray work in addition to their own jobs, the patients have not suffered, in spite of staff shortage. 3,409 patients were x-rayed, almost the same number as in 1955. We were obliged, however, to discontinue the practice of chest x-ray examination of expectant mothers from the Ante Natal Clinic at St. Chad's Hospital.

"My sincere thanks are willingly given to Mrs. Lewis, Miss Underhill and Mrs. Vos who have all given yeoman service and without whose co-operation it would have been impossible to get through the considerable volume of work accomplished."

A. WILSON RUSSELL

The deaths from tuberculosis during 1956 and 1955 are shown as follows:—

Age Periods	1956				1955			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	—	—	—	—	—	—
5 to 15	—	—	—	—	—	—	—	—
15 to 45	2	1	—	—	6	2	1	—
45 to 65	7	—	—	—	6	2	1	—
65 upwards	4	—	—	—	2	—	—	—
TOTALS ...	13	1	—	—	14	4	2	—

The number of cases remaining on the Dispensary Register on the 31st December, 1956, was 947. This figure was made up as follows:—

Pulmonary—Males ...	382	Non-Pulmonary—Males ...	14
Females .	232	Females .	12
Children .	202	Children .	105
	816		131

It may appear that some of these figures differ quite substantially from those of the previous year, but this is due to the fact that children on the Tuberculosis Register are moved up into the categories males and females on attaining the age of 15. However, a drop of 80 is indeed of interest.

Attendances at the Chest Clinic were as under:—

	1953	1954	1955	1956
Total Attendances	10,106	9,440	8,236	7,910
First Examinations ...	1,128	1,267	1,075	1,008
Re-examinations	3,125	4,007	3,368	3,508
Consultations	2,993	3,001	2,751	2,615
Mantoux Tests	721	1,214	758	996
Artificial pneumothorax ...	1,351	1,155	1,042	779
Number of X-ray examinations	3,075	3,325	3,637	3,409
Visits to patients at Home:				
(*a*) By Health Visitor ...	1,383	1,421	823	1,013
(*b*) Chest Physician ...	50	52	51	57
Patients admitted to Sanatoria	115	91	114	83
Patients discharged from Sanatoria	113	85	111	74
Patients died in Hospital ...	4	3	6	18
Patients remaining in Sanatoria at end of year ...	44	47	44	35
B.C.G. Vaccination (contact children)	73	37	50	42

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1956

DIAGNOSIS	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year	364	219	298	9	23	114	373	242	412	1027
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year	11	9	2	1	—	—	12	9	2	23
(3) Lost-sight-of cases returned during the Year	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as Tuberculous during the Year—										
(1) Class T.B. minus	28	12	15	3	1	—	31	13	15	59
(2) Class T.B. plus	27	5	—	1	—	—	28	5	—	33
(3) Non-pulmonary	—	—	—	—	—	—	—	—	—	—
C. Number of cases included in A and B written off the Dispensary Register during the Year as:										
(1) Recovered	26	21	40	1	10	5	27	31	45	103
(2) Dead (all causes)	29	1	—	—	—	—	29	1	—	30
(3) Removed to other Areas	20	19	8	—	—	—	20	19	8	47
(4) For other reasons	5	4	2	2	2	—	7	6	2	15
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year	350	200	265	11	12	109	361	212	374	947

2. THE COMMON INFECTIOUS FEVERS

There were no cases of smallpox, typhoid or paratyphoid fevers notified during 1956.

Diphtheria and Scarlet Fever

No-one has died from diphtheria in the Borough since 1946 and there have in fact been only two cases of the disease since 1949. During the year 24 children with tonsillitis associated with an erythematous skin rash were notified as suffering from scarlet fever compared with 40 last year. Fifteen of these were children in the 5-10 year old age group.

Puerperal Pyrexia

One woman was reported as suffering from fever after childbirth. This was due to a retained piece of membrane.

Poliomyelitis

Two boys aged $1\frac{1}{2}$ and 7 respectively were notified as cases of paralytic poliomyelitis. The first fell ill in November, 1955, but was not notified formally till 1956. The second boy was admitted to hospital in September, and subsequently discharged to the Orthopaedic Hospital for further treatment; the eventual diagnosis reached was polyneuritis. As far as we know, therefore, there were no confirmed new cases of poliomyelitis in 1956.

Dysentery

There was quite a major outbreak during the year of the mildest type of bacillary dysentery usually referred to as "Sonne dysentery." It occurred largely in the third quarter of the year, when 141 cases were notified; the figures for the 1st, 2nd and 4th quarters being 15, 21 and 38 respectively. A glance at the table shows that school children were affected chiefly with the peak age incidence in the 5-10 years old group. Many of these children attended a single infants' school where as I said in my report as Principal School Medical Officer "in spite of ideal conditions in a new school, and excellent supervision, the infection proved quite troublesome." Fortunately nearly all cases were relatively mild though many children remained infectious for several weeks. The follow-up of these patients for the collection of specimens, involved a great deal of extra work for the Public Health Inspectors.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1956

Disease	TOTAL CASES NOTIFIED										TOTAL DEATHS						
	Age Groups										Age Groups						
	All Ages	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 and over	All Ages	0 to 1	1 to 5	5 to 15	15 to 45	45 to 65	65 and over
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	24	—	4	5	15	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	5	—	—	—	1	—	—	1	3	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis ...	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
*Acute Poliomyelitis ...	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Dysentery	215	5	39	23	72	25	10	41	—	—	1	—	—	1	—	—	—
Acute Pneumonia ...	25	—	—	—	3	—	1	9	7	5	7	—	—	—	3	2	2
Whooping Cough	191	25	36	54	68	4	—	4	—	—	—	—	—	—	—	—	—
Measles	12	—	4	3	5	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	37	—	2	4	13	3	2	8	5	—	—	—	—	—	—	—	—
Meningococcal Infection ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	517	31	87	89	180	32	13	65	15	5	8	—	—	1	3	2	2

*Acute Poliomyelitis—2 paralytic.

Food Poisoning

The incidence of this condition showed a substantial rise from the nine cases notified in 1955 to 37 in 1956.

Various strains of salmonella organisms were isolated from among the notified patients. These are given in the table below:

Salmonella heidelburg	10 cases
Salmonella newport	7 cases
Salmonella typhimurium	2 cases
Salmonella enteriditis	1 case
Salmonella havana	1 case
Salmonella manhattan	1 case
Salmonella stanley	1 case

The food poisoning due to *salmonella newport* formed part of an outbreak which was by no means confined to Smethwick or even the Birmingham area. As far as we were concerned seven patients from five families were notified as suffering from symptoms of food poisoning. Detailed investigation showed eventually that 14 people resident in the Borough were excreting *salmonella newport* organisms. Two other people living in Birmingham who had been contacts of these families were found to be excretors of the organism.

The outbreak first came to notice in April when a patient in a Birmingham Sanatorium developed gastrointestinal symptoms shortly after eating a pork sandwich brought in by his mother who lived in Smethwick. The mother was found to be excreting salmonella organisms of this type and admitted that she had an attack of diarrhoea previously. At about the same time five members of another family were struck down with severe food poisoning symptoms—these and the remaining member of the family were all excreting *salmonella newport* organisms—the six-year-old boy was so ill that he had to be admitted to the infectious diseases hospital. The source of the infection appeared to be pressed tongue, and this presumption was rendered almost a certainty when it was shown that the grocer who supplied the tongue and both members of his family were also excreting the organism. Two other families living in the immediate vicinity of the grocer's shop were found to be suffering from salmonella infection of this type, in one instance due to the consumption of corned beef from the shop. The corned beef had been sliced on the same machine as the tongue. The grocer's family had also consumed corned beef from the same source at the significant time.

The cases of this infection were the subject of a special investigation by the Public Health Laboratory Service up and down the country, foreign tinned meat being under suspicion as the source of the infection.

It should be said finally that four of the 14 proven cases were still excreting *salmonella newport* organisms a month after the onset of symptoms and in one case the carrier state lasted for more than three months. Appropriate steps were, of course, taken to limit further spread of infection from the grocer's shop, considerable restrictions as to the foods sold and methods of food handling being voluntarily accepted by the grocer concerned.

Other Respiratory Infections

Pneumonia was much less prevalent than the previous year, while the incidence of measles, with only 12 notifications, was at its lowest ebb by far since the condition became notifiable in 1940. Whooping cough was again prevalent, but it is again pleasing to be able to report that there were no deaths.

3. VENEREAL DISEASE

The Physician in charge of the Treatment Centre at the General Hospital, Birmingham, has kindly supplied the following information about Smethwick patients attending **for the first time** during 1956; as a comparison the details of such attendances during the previous four years are given also:—

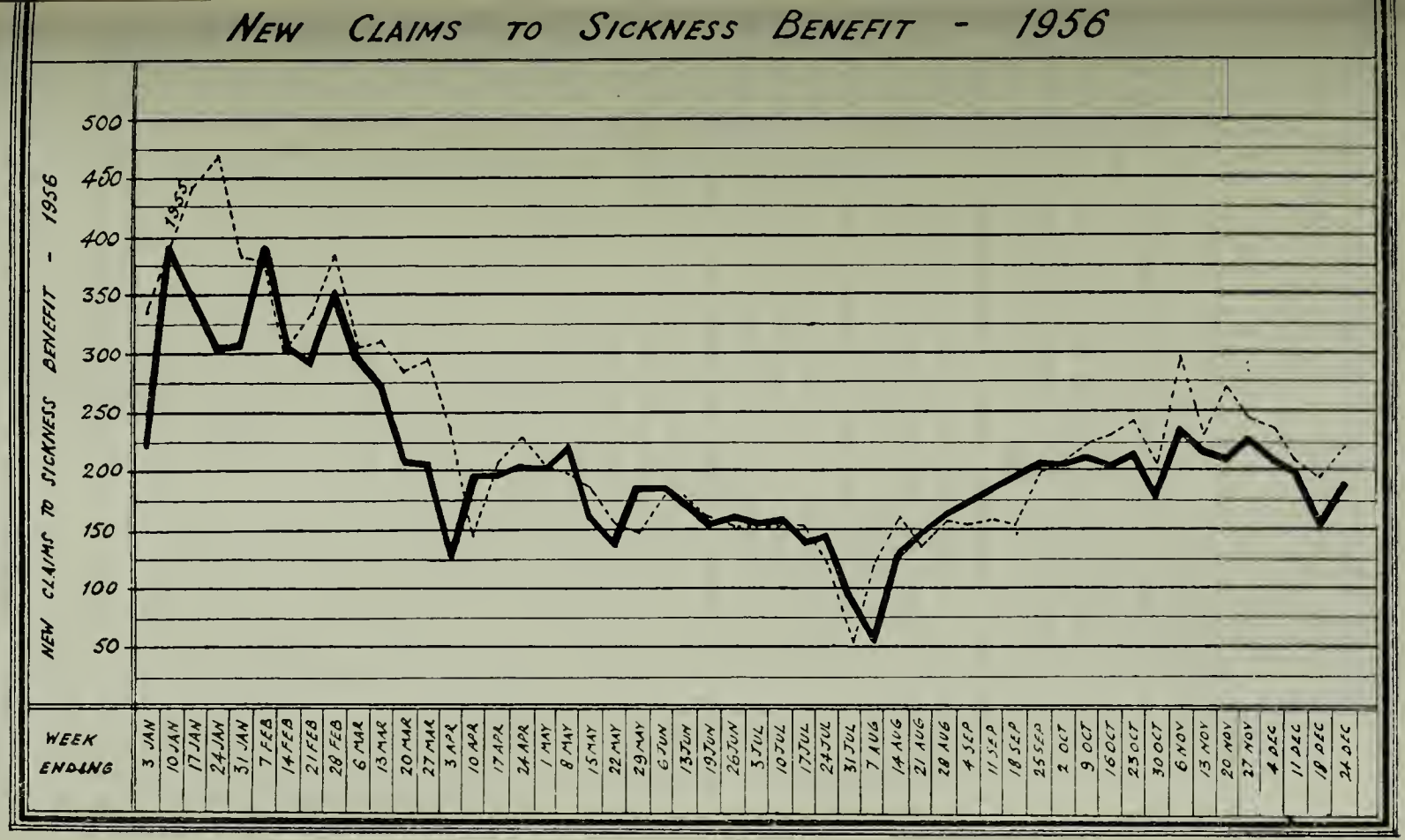
	1952	1953	1954	1955	1956
Syphilis	10	15	7	8	6
Gonorrhoea ...	32	25	22	24	24
Other conditions ...	86	91	64	47	88
	128	131	93	79	118

It will be seen that the number of new cases of gonorrhoea has been more or less constant for the last four years. It is understood that in other areas in the Midlands there has been an increase in the number of new cases of the disease—this is indeed disappointing, as the antibiotic treatment of gonorrhoea is now so effective and simple. As mentioned in my last Report one of the reasons why gonorrhoea is still prevalent is that in the female it may produce few, if any, symptoms. Treatment is therefore not

sought by women who have been infected with the disease as they may be genuinely unaware that there is anything seriously wrong with them. Under the heading "Other conditions" is included a mixed bag of conditions ranging from the troublesome non-specific urethritis to a variety of minor complaints often magnified by a bad conscience following a sexual indiscretion.

INCIDENCE OF ILLNESS IN WORKING POPULATION

Once again the weekly statistics, kindly provided by the Ministry of Pensions and National Insurance, of the number of people resident in the area who claim sickness benefit for the first time are shown graphically below. These statistics form a very sensitive index of the amount of illness in the community, even though the area controlled by the local office of the Ministry does not coincide precisely with the Borough boundaries. The graph shows obvious seasonal variations, and it might be thought that Bank Holidays were particularly healthy times of the year! However, a sudden and substantial rise in the weekly claims usually means influenza is on the way, and these figures are often the first warning that this disease is reaching epidemic proportions locally.



Thick line—1956 Claims Dotted line—1955 Claims

NATIONAL ASSISTANCE ACT

WELFARE SERVICES

Throughout the year the work necessary in carrying out the Council's duties under Sections 21, 29 and 30 of the National Assistance Act, 1948, proceeded satisfactorily.

RESIDENTIAL ACCOMMODATION FOR AGED AND INFIRM PERSONS

As indicated in my report for the year 1955, a waiting list of old people requiring admission to residential Homes was built up at the end of that year, and we had in fact a considerable waiting list throughout 1956. The two small Homes, "Hillcrest" and Park Hill, cater for both men and women and are run as homes in every sense of the word. Unfortunately, the length of the waiting list caused quite appreciable difficulties in that on occasion an elderly patient who had been recommended for admission to a small Home was found to have deteriorated so much as to be unsuitable for this kind of Home by the time a vacancy arose. In such circumstances a vacancy has to be sought at the Poplars, Wolverhampton. We are looking forward with much pleasure to the opening of the new old people's home in the grounds of "Hillcrest" which should cut down our waiting list to a minimum, and in addition should allow us to bring back to Smethwick at least a few of the more ambulant old people at present in the Poplars at Wolverhampton.

It is, of course, the Council's policy to offer every possible assistance to the elderly and infirm so that they can remain in their own homes as long as possible. In this connection the improvement in the staffing position within the Domestic Help Service allowed additional help being given to the old people during the year. It is interesting to note that 152 cases of chronic sick, these including the aged and infirm, received domestic help in 1952, 161 in 1953, 220 in 1954, 247 in 1955 and 313 in 1956. This trend indicates quite firmly that the problem of the aged will be an increasing demand on our services in years to come. In addition to this service a strengthened staff of Home Nurses was also able to give additional help to the aged in their homes, and again those old people confined to their own homes because of foot troubles received treatment in their own armchairs by a qualified chiropodist. In this way 10 home patients were booked each week, which is double the number possible without transport.

A great amount of very valuable work for the elderly was carried out during the year by the Darby and Joan, Sons of Rest,

and Sunshine Corner Clubs. Financial aid was given to these organisations by the Council, and it was particularly interesting to see just how well supported these organisations were.

The register of aged persons was added to throughout 1956, and members of a very depleted Health Visiting Staff paid 1,341 visits in this connection. In my last report I indicated that the national shortage of Health Visitors, which was reflected in our failure to recruit trained members, made it vitally necessary that the scheme for friendly visiting should be continued and expanded.

I regret to report that this has not been found possible, as the voluntary workers are not coming forward in sufficient numbers even to maintain this service. It is realised, of course, that in a busy industrial area where many housewives are working a full week it is perhaps asking too much to expect a host of these good people to be ready to undertake this valuable work. We have, of course, for many years enjoyed the service of a most valuable team of voluntary workers, both at our Infant Welfare Clinics and at our Ambulance Station, where the service is manned overnight and at weekends by members of the British Red Cross and St. John Ambulance Associations. The voluntary workers give invaluable service at the Infant Welfare Clinics where they make up to some extent for the shortage of qualified Health Visitors in that they undertake some of the more routine duties. By freeing a Health Visitor in this way, of course, makes it possible for visits to be made by the paid health visiting staff to the old people in their own homes. The national problem of the nursing of the chronic sick was again very much to the fore throughout the year. This problem, so far as residents in our small Homes was concerned, has been made much more difficult because of staffing shortages at the Homes. It may be that the National Salary Scales offered to Matrons and assistants are not sufficiently generous to attract qualified persons to the many vacant posts, and it seems to me that some action will have to be taken nationally to tackle this problem, which has at times threatened to get out of hand. Where a small home which is being run by a staff of four or five loses one member of the team the position becomes untenable if one or more of the old residents become bedridden and require constant attention. Because of the shortage of beds for chronic sick at the Summerfield Hospital, which serves our area, it was not possible to obtain immediate transfers, and in fact transfers were only possible on an exchange basis. This arrangement in itself has difficulties because a patient admitted to hospital from a small Home without staff with nursing experience does not always

recover sufficiently to be readmitted to that Home. It has been found not infrequently that a patient admitted to Summerfield, say from "Hillcrest" or Park Hill, can only be transferred to the Poplars, Wolverhampton, when the hospital authorities have decided that he is fit for discharge. Details as to admissions and discharges during 1956 are as follows:—

Accommodation	No. of Residents 1.1.56	Admission from		Discharges to		Deaths	No. of Residents 31.12.56
		Hosp.	Home	Hosp.	Home		
Hill Crest, Smethwick	29	6	26	7	21	2	31
Park Hill, Moseley ...	18	6	22	8	20	—	18
The Poplars, Wolverhampton	39	7	33	6	30	6	37
Bromley House, Wolverhampton	1	—	1	—	1	—	1
Sycamore House, Walsall	1	—	—	—	—	1	—
Quinton Hall, Birmingham	1	—	—	—	—	—	1
Solihull, Warwickshire .	1	—	—	—	—	—	1
Stratford-on-Avon, Warwickshire	1	—	—	—	—	—	1
Highbury Hall, Birmingham	1	—	—	—	—	—	1
Bryony House, Birmingham	1	—	—	—	—	—	1
	93	19	82	21	72	9	92

TEMPORARY ACCOMMODATION

The only accommodation available for persons in urgent need following emergencies such as fire, flood or eviction or reasons which could not be foreseen, is at the Poplars, Wolverhampton. The Poplars can, however, only take the mother of the family without shelter, and other arrangements have got to be made to cope with any children, whilst the husband is left virtually to fend for himself, although he is given advice regarding hostels in the Birmingham area. In an area where the housing problem is, to say the least, acute, many requests for temporary accommodation were received in the department, but the majority of those were from persons who had been turned out of furnished rooms or lodgings at short notice. It is found that when the nature of the

only accommodation that can be offered by the department is outlined in detail that the application is usually withdrawn and the applicants almost invariably appear able to make alternative arrangements. No case was, in fact, admitted to the Poplars in 1956. It was necessary, however, to refer some children to the Children's Department for admission to "The Hollies" Children's Home because of the fact that their parents were destitute and homeless. Perhaps in this we are fortunate that vacancies at "The Hollies" Home can be found at very short notice, and the co-operation of the Children's Officer in these matters is appreciated.

During the year one elderly and infirm case was taken into The Poplars for a short period to allow the relatives to enter hospital.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

It was not necessary during 1956 to take action under Section 47 of the National Assistance Act, and for this I was indeed grateful. As indicated previously, strengthening of the staffs of the Domestic Help Service and the Home Nursing Service allowed an increased measure of help being granted to elderly and infirm persons in their own homes. I feel sure that this added assistance prevented some of these cases being referred for possible action under that section. Here again, I must pay tribute to the work of the Supervisor of Domestic Helps and her assistants during the year. In many borderline cases the Supervisor did her utmost to tidy up the home, to clothe the old people, perhaps with clothing given voluntarily by many of her contacts, and then supervise their welfare through the medium of a good Domestic Help.

PROTECTION OF PROPERTY

During 1956 it was found necessary to provide temporary protection of property for 10 cases as compared with 11 cases in 1955. However, the amount of administrative work in this field is increasing, for it was found necessary to afford protection of property to 40 persons who were absent from residential accommodation on holiday during the year. In addition some eight cases were afforded protection where the residents had to be admitted to hospital for short periods.

BURIAL OF THE DEAD

Necessary action was taken under Section 50 of the National Assistance Act to arrange for the burial of three persons

where no other suitable arrangements had or could have been made.

WELFARE OF BLIND PERSONS

The Birmingham Royal Institution for the Blind continued to act as agents for the Council with regard to promoting the welfare of blind persons normally resident in the area.

The classification of the Register of Blind as at the 31st December, 1956, was as follows:—

	Males	Females	Total
Adults in training—day	1	2	3
Adults in training—resident ...	1	—	1
Workshop workers	14	2	16
Workers in open employment ...	6	—	6
Other Blind employees	1	—	1
Unemployables at home	32	55	87
Unemployables in Regional Board Hospitals	—	4	4
Unemployables in Welfare Department Homes	—	3	3
	55	66	121

During the year a local branch of the Birmingham Royal Institution for the Blind known as the Smethwick Organisation for the Blind was set up with the object in view of increasing the services and amenities available for the blind in the area. This organisation, which commenced to operate in May, 1956, was unfortunately disbanded in September, and from that date the welfare of the local blind has been the full responsibility of the Birmingham Royal Institution.

WELFARE OF OTHER HANDICAPPED PERSONS

Throughout the year schemes approved under Sections 29 and 30 of the National Assistance Act were in operation. The welfare of the deaf and dumb in the area was fully catered for by the Birmingham Institution for the Deaf, which body now receives an annual grant from the Council, and provides social centres attended very regularly by deaf and dumb residents in Smethwick. The Institution also employs home teachers of lip-reading, etc. In addition an annual contribution is made to the West Bromwich Council towards the cost of maintaining a social centre for the hard of hearing, which many Smethwick residents disabled in this

way were able to attend. The facilities provided at the centres in Birmingham and in West Bromwich are appreciated by the Smethwick disabled. So far as the welfare of other persons suffering from handicapping disabilities, other than those of blindness or deafness, is concerned, this is in the hands of the Welfare Officer and his assistant. A detailed Register is maintained of handicapped persons coming to the notice of the department, and in 1956 some 19 new cases were added to the Register.

The classification of the Register on the 31st December, 1956, was as follows:—

Amputation	7
Arthritis and rheumatism	34
Congenital malformation	6
General diseases	8
Injuries	10
Organic nervous diseases	39
Other nervous and mental disorders ...	9
Other diseases and injuries	2
Hard of hearing	6

During the year nine cases were removed from the Register because of death and two because of their having left the district.

So that immediate attention could be given to the needs of these handicapped persons, Committee authority was given during the year to the registration of new applicants on my authority and for reasonable amenities to be provided in the full knowledge that such action would be reported to the first available Committee meeting. The services or amenities provided generally fell into one of the following categories:—

Adaptations to Homes: Usually to facilitate the access of invalid chairs or the use of toilet provision.

Provision of wireless and television: The latter on a rota basis.

Holiday grants.

Handicraft materials and limited teaching.

Gadgets and aids of various types: These to enable the handicapped to lead a near normal life.

Library service.

Friendly visiting: This to ward off the most deadly enemy of the elderly in their own homes—boredom.

Domestic Help.

Home Nursing.

Loan of medical equipment.

In addition to these services the Council makes an annual grant to the Midlands Spastic Association which renders help in their special field of service to Smethwick disabled.

So far as the care of the mentally handicapped is concerned that responsibility is covered by the work of other members of the Public Health Department staff. In practice the continuous co-operation between the various officers concerned with the welfare of handicapped persons, be they less than school age, of school age, or adults, makes it certain that every possible attention is paid to the needs of those less fortunate than ourselves.

MEDICAL EXAMINATION OF NEW ENTRANTS TO SERVICE WITH THE AUTHORITY

The number of examinations undertaken by the medical staff of Corporation employees prior to their inclusion in the Superannuation or Sick Pay schemes, or before they are allowed to become food handlers showed an increase of 49 when compared with last year's figure. The Education Department was once more by far the largest customer partly because of the number of its employees and partly because of the large number of part-time food handlers in the School Meals Service.

Examinations were carried out for the following departments during 1956:

Department	Number Examined
Borough Treasurer's	6
Borough Engineer's	32
Building and Maintenance	32
Education	217
Children's	7
Estates—Baths	4
Cemetery	2
Parks	34
Fire Service	3
Housing	11
Health	47
Libraries'	2
Town Clerk's	2
Total	399

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1956

To the Mayor, Aldermen and Councillors of the
County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

The policy of the Council in offering higher salaries for district inspectors was fully justified by the resultant acquisition and retention of qualified and experienced staff. Frequent staff changes are not conducive to that high standard of operational efficiency which the ratepayer has a right to expect. With the advent of the Food Hygiene Regulations, of which special mention occurs later in this report, a great deal of additional work was thrown upon the department. The improved staffing position enabled this to be adequately coped with. It was also found possible to "step-up" the number of samples of food and drugs taken for analysis by one-third.

It will also be noted that, whilst the Health Committee continued to pursue their established policy of co-operation with trade and industry, they did not hesitate to use their statutory powers where necessary. Indeed the number of cases taken in the courts for food offences and the enforcement of repairs rose from 16 in 1955 to 51 in 1956.

FOOD HYGIENE

So far as food hygiene is concerned 1956 was memorable for the introduction of the Food Hygiene Regulations, 1955. The bulk of the Regulations came into effect on the 1st January and the remaining provisions involving alterations to premises, equipment and substantial changes of practice on 1st July, 1956. So that all members of the food trade might be familiar with their obligations under the regulations a letter was sent out to every food trader in the town. This could be very well described as a "softening-up" operation and the labour entailed (some 800 letters and leaflets summarizing the regulations were sent out) paid handsome dividends. The letter indicated that the inspectors would be calling upon food traders to discuss with them the impact of the new regulations on their particular business and invited them to get in touch with me if any particular points presented difficulty. The result of all this preliminary work was that when the inspectors commenced their detailed survey they were met with open arms.

Table VIII shows the number of contraventions of the regulations noted and the number remedied. In order to cushion the effect on the trade an average period of three months was given to food traders in which to comply with our notice. This is the explanation for the discrepancy between the number of contraventions found and remedied.

In order to ensure uniformity of administration, the detailed work of inspection was entrusted to two of the senior inspectors. It can be confidently stated that by the end of the year "operation food hygiene" had been largely completed and only "mopping-up" operations remained to be carried out. The photograph opposite is an example of the high standard achieved in bakehouses in the borough.

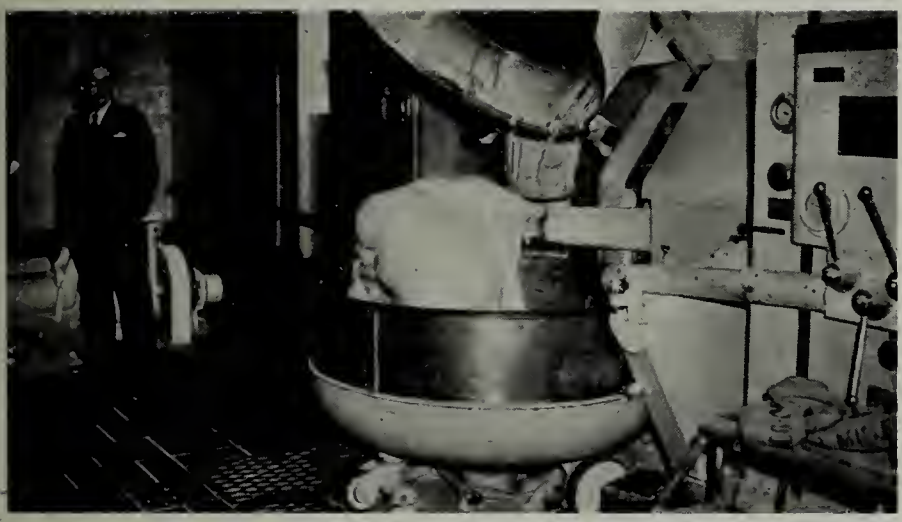
SLAUGHTERHOUSES

During the year another slaughterhouse was licensed by the authority. This slaughterhouse was a reconstruction of one which had been allowed to fall into disuse. Here again the same excellent co-operation was enjoyed and I was consulted at the drawing-board stage. The result can be judged from the photograph of the slaughtering hall on the opposite page. Special features are the slaughterhouse floor which is constructed of tiles having non-skid properties (actually four panel buff Ruabon Quarries, much appreciated by the slaughtermen); the high walls of the room are completely covered with white tiles; man-handling has been reduced to a minimum by the introduction of an overhead conveying system; the lairage is separated from the slaughtering hall by an intervening ventilated space into which the animals are released by control gates; all doors are completely metal covered for easy cleaning. Total cost was £10,000, a testimony to the vision and enterprise of the firm concerned.

The Council took the opportunity during the year to make new byelaws relating to private slaughterhouses. These replaced earlier byelaws made in 1893, and have the undoubted advantage of bringing them into line with modern practice.

VISITS OF INSPECTION

The Health Committee continued its policy of making visits of inspection to new plant and buildings; this was a source of encouragement not only to the firms concerned, but also to the department.



MODERNISED BAKERY

RE-CONSTRUCTED SLAUGHTERING HALL

CLEAN AIR

During the year the Council participated in the West Midlands Clean Air Campaign. Due to the unfortunate fact that there is no suitable Exhibition Hall in the town this participation was limited to the use of Mobile Exhibitions and talks on the subject of "Clean Air" at the local Gas Showrooms. In addition to publicity in the form of posters and leaflets, the Chief Public Health Inspector toured the district with a loud-speaker van. The leaflets referred to were distributed as follows:—

(1) To the senior school children, via the Chief Education Officer.

(2) To members of the public by courtesy of the Borough Treasurer, Borough Librarian, the General Superintendent of the Baths Department, and the Local Taxation Section.

The local offices of the Midlands Electricity and West Midlands Gas Boards put on special displays during the actual campaign period and valuable support was afforded by the local Press who organised special feature articles.

Investigations were continued at a number of firms in an endeavour to resolve various atmospheric pollution problems. Trouble continued to be experienced at a local foundry from emissions of ferric oxide fumes. These emissions are of the order of 4 microns particulate size, which makes arrestation difficult. Despite the co-operation of the National Industrial Fuel Efficiency Service and the British Cast Iron Research Association, a satisfactory solution had, unhappily, not been reached by the year end. Research is, however, continuing and it is hoped that 1957 will see an end to the nuisance. Other firms are converting to oil-firing and one large concern spent no less than £100,000 on new plant, which incorporated a considerable amount of instrumentation. A notable feature here was the installation of grit arrestation plant. The photograph opposite shows the amount of fine grit (180 lbs. by weight) which formerly went to atmosphere daily. This was, undoubtedly, a major contribution to cleaner air.

HOUSING

Due to rehousing difficulties occasioned by the special circumstances of Smethwick, the second most densely populated county borough in the Kingdom, the Council were unable to make a determined attack on the demolition of the sub-standard houses in the borough. It is to be hoped that these difficulties will soon be overcome so that we shall be able to see all our citizens decently housed.

AIR POLLUTION CONTROL

PUBLIC RELATIONS

A most encouraging feature was the increased use that the ratepayers made of the department by calling in to see me and asking for advice on their problems. The number of interviews has steadily risen since 1953. Actual figures were 48 in 1953, 106 in 1954, 116 in 1955 and 131 in 1956.

CONCLUSION

Detailed statistical tables with appropriate comments follow in the body of the report. From these it will be seen that 1956 was a successful year in many ways. This success is due to the support and encouragement given to me by the Chairman and Members of the Health Committee and the willing and efficient work of all members of the staff.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS

TABLE 1

Ashes Accommodation, Inspections	1,246
Ashes Accommodation, Re-visits	513
Bakehouses	21
Complaints, Inspections	2,683
Complaints, Re-visits re Notices served	6,908
Certificates of Disrepair	4
Certificates of Disrepair, Re-visits	3
Drains Tested	17
Factories: With Power	18
Without Power	2
Food Inspection	738
Hairdressers	1
Housing Act Inspections	565
Housing Act Re-visits	289
Infectious Disease	1,825
Interviews	131
Ice Cream Vendors	37
Insect Pests and Vermin	178
Indian Houses	520
Meat and Other Food Premises	920
Markets	40
Overcrowding	165
Outworkers	4
Pigsties and Stables	19
Prevention of Damage by Pests Act	33
Rag Flock Act	12
Sampling: Water: Bacteriological	1
Chemical	5
Food: Bacteriological	110
Chemical	169
Fertiliser and Feeding Stuffs	26
Slaughterhouses	5
Slaughter, Private	6
Smoke Observations	44
Smoke Abatement, Re-visits	485
Shops Act Inspection	1
Miscellaneous	559
	18,303

It will be noted that the number of visits made in connection with Infectious Disease increased 10-fold as compared with 1955. This was due to a dysentery outbreak which occurred during the first half of the year.

SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse	3	—
Animals kept so as to be a nuisance ...	1	—
Blocked Drains	486	567
Dampness	36	33
Dangerous Buildings	15	13
Defective Ashbins	1,783	493
Defective External Brickwork and Chimneys	193	223
Defective or Insufficient Drainage ...	56	70
Defective Floors	157	84
Defective Firegrates	19	24
Defective Paving	24	28
Defective Plaster of Walls and Ceilings	359	399
Dirty Premises	45	5
Defective Roofs, Spouting, etc. ...	742	778
Defective Sinks and Wastepipes ...	47	40
Defective Stairs and Handrails ...	11	13
Defective Washboilers	5	7
Defective Water Fittings	99	74
Defective W.C.'s	256	252
Defective Woodwork of Doors, Windows, etc.	161	186
Insufficient Lighting and Ventilation ...	312	249
Lack of Sinks and Washbasins ...	184	24
Lack of Water Supply	18	19
Overcrowding	24	24
Miscellaneous	504	70
	5,540	3,675

WATER SUPPLY

The Town's water is supplied by the South Staffordshire Waterworks Co., who regularly make bacteriological and chemical analyses of the water, both prior to treatment on going into supply. In addition, this department carries out routine sampling as an independent check. During the year six samples of mains water were submitted for chemical and bacteriological examination; all were reported as being satisfactory.

WORK CARRIED OUT BY THE CORPORATION IN THE OWNERS' DEFAULT

During the year under review, the Corporation executed work at the cost of the owner, and in default of his compliance with notices, as follows:—

(1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929	471 cases
(2) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948... ...	50 cases
(3) Work carried out in default of compliance with Abatement Orders or by Agreement	27 cases

There was a sharp increase in the number of cases where it was necessary for the Corporation to exercise its default powers, 548 in 1956 as against 392 in 1955.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(*a*) PREMISES

No. of premises investigated	377
No. of premises treated	338
No. of bodies found	168

(*b*) SEWER MAINTENANCE TREATMENT

No. of manholes baited	392
No. of manholes showing prebait take	196
No. of manholes showing complete prebait take ...	43

LEGAL PROCEEDINGS

During the year legal proceedings were instituted in respect of 45 premises, consequent upon the failure of the owners to comply with notices served under the Public Health Act, 1936. The results of the cases were as follows:—

(1) Cases in which Abatement Orders were made ...	33
(2) Cases withdrawn—work completed	12

INSPECTION AND SUPERVISION OF FOOD: MILK SUPPLY

The number of samples submitted for bacteriological examination was 75. The results of the examinations are summarised in the following table:—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	25	Phosphatase	25	—
		Methylene Blue	25	—
Pasteurised	27	Phosphatase	27	—
		Methylene Blue	27	—
Sterilised	23	Phosphatase	23	—
		Methylene Blue	23	—

MEAT INSPECTION

All animals slaughtered within the Borough were inspected to determine their fitness for human consumption and details of such inspection are given below::—

TABLE IV

Cattle other than cows	886
Calves	250
Sheep and Lambs	7,658
Pigs	1,275
Pigs (on private premises)	10

UNSOUND FOOD SURRENDERED AND DESTROYED

The table below gives details of those foods found on examination to be unfit for human consumption. In all cases the food was voluntarily surrendered and destroyed under supervision:—

TABLE V

	Tons	Cwts.	Qrs.	Lbs.	Ozs.
Meat (Fresh)	2	5	—	11	—
Meat (Tinned)		11	1	7	8
Fish			3	21	12
Fruit	1	3	3	1	4
Vegetables		3	—	12	9
Fats		6	—	2	14
Mixed Foods		14	2	14	15
	5	4	3	15	14

LEGAL PROCEEDINGS

The following table gives details of legal proceedings taken in respect of unsound food:—

TABLE VI

Article	Contravention	Result
Bread	Contained cigarette end ...	£5 Fine
Hot Milk ...	Contained 11.70% Added Water	£5 Fine
Bread	Contained String	£1 Fine
Chocolates ...	Infested with Cocoa Moth ...	£3 Fine
Cocoanut Slice ...	Contained cigarette end ...	£5 Fine
Christmas Cake ...	Contained stone	£5 Fine

ICE CREAM

Twenty samples of Ice Cream were taken for bacteriological examination and were reported upon by the Public Health Laboratory as follows:—

Grade 1 20

BACTERIOLOGICAL SAMPLING OF FROZEN EGGS

Nine samples of frozen eggs were submitted to the Public Health Laboratory for examination. In only one case were organisms of the Salmonella group found, i.e., Salmonella pullorum, but this was not a human pathogen and no action was, therefore, called for.

PREMISES REGISTERED UNDER SECTION 16 OF FOOD & DRUGS ACT, 1955

Ice Cream—		
Manufacture and Sale ...	2	
Sale	302	
	——	304
Meat and Meat Products ...		22
		——
		326
		——

TABLE VII

SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST AND THE RESULT OF THE ANALYSES

Articles Analysed	Total Samples	Genuine	Not Genuine
Milk	64	62	2
Chocolates	2	2	—
Butter	11	11	—
Margarine	18	18	—
Meat Paste	1	1	—
Bicarbonate of Soda ...	1	1	—
Fish Cakes	1	1	—
Crab Meat	1	1	—
Bread	1	1	—
Cocoanut Slice	1	—	1
Ice Cream	2	2	—
Tomato Ketchup	7	7	—
Luncheon Meat	1	1	—
Lard	5	5	—
Tomato Juice	1	1	—
Health Salts	1	1	—
Vinegar	6	6	—
Cooking Fat	1	1	—
Suet	1	1	—
Pork Sausage	11	11	—
Salmon Spread	1	1	—
Orange Drink	3	3	—
Sauce	2	2	—
Bread and Butter	1	1	—
Glycerine and Balsam ...	1	1	—
Pickled Onions	3	3	—
Curry Powder	4	4	—
Beef and Kidney Pie ...	1	1	—
Cheese Spread	1	1	—
Mango Pickles	1	1	—
Flour	5	5	—
Lemon Curd	1	1	—
Mincemeat	4	4	—
Jam	2	2	—
Marzipan	1	1	—
Split Peas	1	1	—
Lentils	1	1	—

TABLE VII (continued)

Articles Analysed	Total Samples	Genuine	Not Genuine
Oats	1	1	—
Rice	1	1	—
Gin	3	3	—
Brandy	1	1	—
Whiskey	1	1	—
	177	174	3

Samples of milk not genuine were dealt with by prosecution in one case (£5 fine) and warning letter in the other.

In the case of the cocoanut slice prosecution was instigated —£5 fine.

FOOD HYGIENE

During the year 920 visits were made to various food premises and it was found necessary to draw attention to 940 defects and contraventions of the Food Hygiene Regulations. Details of the various defects noted are set out in the accompanying table.

TABLE VIII

NUMBER AND TYPE OF CONTRAVENTIONS FOUND AND REMEDIED

Type	Found	Remedied
Lack of Washbasins	160	24
Lack of Sinks	15	5
Lack of Hot and Cold Water	57	17
Lack of Soap, Towels and Nailbrush ...	10	4
Lack of First-Aid Equipment ...	102	20
Lack of Food Protection	94	18
Lack of Artificial Lighting to W.C. ...	154	18
Lack of Notice re Hand Washing ...	151	16
Lack of Cleansing	72	11
Lack of Provision for Storage of Clothing	32	7
Defective Sinks	6	2
Lack of Waste Materials Accommodation	22	7
Lack of Intervening Ventilated Space	4	—
Defective Floors	60	2
Inadequate Temperature Control ...	1	1
	940	152

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

During the period under review there were two premises within the borough registered under the above Act. During the year 12 formal samples of materials were taken and submitted to the Prescribed Analyst. All the samples conformed to the Rag Flock and Other Filling Materials Regulations, 1951.

FERTILISER AND FEEDING STUFFS ACT, 1926

Six formal and 17 informal samples of Fertiliser and Feeding Stuffs were taken during the year and submitted to the Agricultural Analyst. Eighteen samples were reported upon as complying with the Act, the remaining five being reported as unsatisfactory, and dealt with by way of warning letters.

HOUSING REPAIRS AND RENTS ACT, 1954

During the year four applications were received for Certificates of Disrepair; two certificates were issued and two were refused.

1. INSPECTIONS OF FACTORIES, INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS

PREMISES	Number on Register	NUMBER OF		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	284	19	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	6	—	—	—
TOTAL	308	21	6	—

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	7	3	—	3	—
(c) not separate for sexes...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	7	3	—	3	—

APPENDIX

Causes of Death at different Periods of Life in the County Borough of Smethwick, 1956

CAUSES OF DEATH	Sex	All Ages	0–	1–	5–	15–	25–	45–	65–	75–
ALL CAUSES	M	395	14	2	1	3	25	124	121	105
	F	308	7	1	2	1	12	56	91	138
1. Tuberculosis, respiratory ...	M	13	—	—	—	—	2	7	4	—
	F	1	—	—	—	—	1	—	—	—
2. Tuberculosis, other ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M	1	—	—	—	—	—	1	—	—
	F	2	—	—	1	—	—	—	—	1
10. Malignant neoplasm, stomach	M	13	—	—	—	—	—	6	5	2
	F	19	—	—	—	—	1	2	10	6
11. Malignant neoplasm, lung, bronchus	M	22	—	—	—	—	1	10	10	1
	F	5	—	—	—	—	—	3	2	—
12. Malignant neoplasm, breast	M	—	—	—	—	—	—	—	—	—
	F	10	—	—	—	—	—	2	6	2
13. Malignant neoplasm, uterus	M	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	2	3	1	1
14. Other malignant and lymphatic neoplasms	M	35	—	—	—	—	3	15	9	8
	F	33	—	—	—	—	2	8	13	10
15. Leukaemia, aleukaemia ...	M	1	—	—	—	—	1	—	—	—
	F	2	—	—	1	—	1	—	—	—
16. Diabetes	M	—	—	—	—	—	—	—	—	—
...	F	3	—	—	—	—	—	—	1	2
17. Vascular lesions of nervous system	M	39	—	—	—	—	1	11	15	12
	F	38	—	—	—	1	—	5	12	20
18. Coronary disease, angina ...	M	82	—	—	—	—	1	27	33	21
	F	33	—	—	—	—	—	6	16	11
19. Hypertension with heart disease	M	9	—	—	—	—	—	2	4	3
	F	15	—	—	—	—	—	2	4	9
20. Other heart disease	M	38	—	—	—	—	3	4	15	16
	F	46	—	—	—	—	1	5	9	31
21. Other circulatory disease ...	M	10	—	—	—	—	1	1	2	6
	F	10	—	—	—	—	—	1	2	7
22. Influenza	M	3	—	—	—	—	—	1	1	1
	F	—	—	—	—	—	—	—	—	—
23. Pneumonia	M	6	3	—	—	—	—	1	1	1
	F	8	1	—	—	—	—	1	1	5
24. Bronchitis	M	42	—	1	—	—	—	17	11	13
	F	20	—	—	—	—	1	1	5	13
25. Other diseases of respiratory system	M	7	—	1	—	—	2	2	1	1
	F	1	—	—	—	—	—	—	—	1
26. Ulcer of stomach and duodenum	M	12	—	—	—	—	—	2	6	4
	F	3	—	—	—	—	—	1	1	1
27. Gastritis, enteritis and diarrhoea	M	2	—	—	—	—	1	1	—	—
	F	1	—	—	—	—	—	—	1	—
28. Nephritis and nephrosis ...	M	5	—	—	—	—	2	1	1	1
	F	1	—	—	—	—	—	—	—	1
29. Hyperplasia of prostate ...	M	4	—	—	—	—	—	—	1	3
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—
31. Congenital malformations ...	M	2	2	—	—	—	—	—	—	—
	F	2	2	—	—	—	—	—	—	—
32. Other defined and ill-defined diseases	M	32	8	—	—	1	4	10	1	8
	F	31	4	—	—	—	—	12	5	10
33. Motor vehicle accidents ...	M	6	—	—	—	2	1	3	—	—
	F	1	—	1	—	—	—	—	—	—
34. All other accidents	M	8	1	—	1	—	2	1	—	3
	F	9	—	—	—	—	—	2	—	7
35. Suicide	M	3	—	—	—	—	—	1	1	1
	F	5	—	—	—	—	1	2	2	—
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—

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